CA2ALPH
AS9
1988-89 c.v

Statistical Supplement

Alberta Health Care Insurance Plan

1988-89

Alberta
HEALTH

91-06107/

Sessional Paper 60/90
2 Session, 22 Legislature

LEGISLATURE LIBRARY
JUN 13 1990
EDMONTON

PREFACE

This publication is a statistical supplement to the Annual Report of Alberta Health, covering the fiscal year ended March 31, 1989. It contains supplementary statistical data concerning the Alberta Health Care Insurance Plan.

Included in this volume are statistics relating to health care services which were paid by Alberta Health Care, on behalf of registered residents of Alberta, during the 1988-89 fiscal year. Wherever possible, statistics for previous years are shown for comparisons to be made.

Financial Statements for the Alberta Health Care Insurance Plan are contained in the Department's Annual Report.

Comments or questions concerning the material in this publication may be addressed to:

Health Economics and Statistics
Alberta Health
Box 2222
11010 - 101 Street
Edmonton, Alberta
T5J 2P4

Table of Contents

TABLE OF CONTENTS

Page

1. HIGHLIGHTS 1

2. LIST OF STATISTICAL TABLES 9

Highlights

Alberta residents registered under the Alberta Health Care Insurance Plan are entitled to specified benefits for Basic Health Services at approved rates. Alberta Health Care also provides premium-free Alberta Blue Cross benefits and Extended Health Benefits for residents aged 65 and older and for their spouses and dependants, as well as for widows and widowers aged 55 to 64 years receiving the Alberta Widows' Pension and for their dependants. Coverage for Alberta Blue Cross benefits on an individual (non-group) basis is also available through Alberta Health Care at reduced rates to residents who are unable to obtain Blue Cross coverage through an employer.

The following section contains some highlights concerning the coverage and payments for benefits under the Alberta Health Care Insurance Plan during the twelve month period from April 1, 1988 to March 31, 1989:

BASIC HEALTH SERVICES

Registration

- During the year, the number of persons entitled to Basic Health Services increased 1.53% to 2,518,973 and the number of registrations increased 1.87% to 1,160,380.
- The number of registrations receiving coverage at reduced premium rates decreased by 12.51% to 124,119 as follows:

	Registrations March 31, 1989	Registrations March 31, 1988
Complete Subsidy — (based on adjusted taxable balance)	105,795	119,391
Partial Subsidy — (based on adjusted taxable balance)	18,324	22,478
Total Subsidized Registrations	124,119	141,869

- The number of registrations in the 65 years of age and older group, who were exempted from premium payment, increased 3.69% to 172,420 and the number of persons covered increased by 3.39% to 252,063.
- The number of registrations with Alberta Widows' Pension coverage decreased by 2.81% to 3,489 and the number of persons covered decreased by 3.97% to 3,866. This group received premium-free coverage.
- The number of registrations in the social allowance recipient group, who received premium-free coverage, increased by 0.66% to 66,792 and the number of persons covered increased 0.73% to 136,774.
- The number of registrations who did not qualify for the 100% subsidy or social allowance, yet were granted waiver of premium due to current financial difficulties, decreased by 27.99%, from 8,434 registrations in 1987-88 to 6,073 registrations in 1988-89.
- The number of registrations who chose to opt out of Alberta Health Care decreased by 9.76% from 82 at March 31, 1988 to 74 at March 31, 1989. This involved 206 persons who were responsible for paying for their own health services.

Payment of Benefits

- Total fee-for-service payments for Basic Health Services provided to Alberta residents by practitioners in Alberta increased by 5.01% to $706,407,284 from $672,727,454 in 1987-88.
- Fee-for-service payments for Basic Health Services provided to Alberta residents by practitioners in Alberta and their percentage changes over the previous year were:

Medical	$637,700,792	a	4.66%	increase
Oral Surgery	$ 9,746,451	a	33.00%	decrease
Chiropractic	$ 23,833,876	a	12.10%	increase
Optometry	$ 12,514,115	a	67.38%	increase
Podiatry	$ 3,308,468	a	9.42%	increase
Physical Therapy	$ 19,303,582	a	12.92%	increase
Total	$706,407,284	a	5.01%	increase

- The number of Alberta practitioners who received payments during the year and the percentage changes from the previous year were:

Physicians	3,905	a	1.98%	increase
Dental Surgeons	1,099	a	2.23%	increase
Chiropractors	332			no change
Optometrists	218	a	0.91%	decrease
Podiatrists	26	a	23.81%	increase
Physical Therapists	428	a	1.18%	increase
Total	6,008	a	1.83%	increase

- The average fee-for-service payments to Alberta practitioners and the percentage changes over the previous year were:

Physicians	$163,304	a	2.62%	increase
Dental Surgeons	$ 8,868	a	34.47%	decrease
Chiropractors	$ 71,789	a	12.10%	increase
Optometrists	$ 57,404	a	68.92%	increase
Podiatrists	$127,249	an	11.62%	decrease
Physical Therapists	$ 45,102	an	11.61%	increase

- Increases in the number of Alberta physicians were registered in all of the specialty groups. The number of physicians and the changes over the previous year were:

General Practitioners	2,173	a	1.12%	increase of	24
Medical Specialists	922	a	4.65%	increase of	41
Surgical Specialists	571	a	1.60%	increase of	9
Laboratory Specialists	239	a	0.84%	increase of	2
All Practitioners	3,905	a	1.98%	increase of	76

- Average fee-for-service payments to Alberta physicians and the percentage changes over the previous year were:

General Practitioners	$123,251	a 2.31%	increase
Medical Specialists	$123,048	a 1.86%	increase
Surgical Specialists	$202,365	a 5.62%	increase
Laboratory Specialists	$589,445	a 2.47%	increase
All Practitioners	$163,304	a 2.62%	increase

- Among medical and surgical specialists in Alberta, the five specialities with the highest average fee-for-service payments were:
  Dermatologists ($320,216), Ophthalmologists ($287,933), Cardiovascular & Thoracic Surgeons ($268,901), Rhino-Otolaryngologists ($268,316) and Obstetricians-Gynaecologists ($207,825).
- The number of medical services per Alberta physician decreased to 6,985 from 7,019 in 1987-88, a decrease of 0.48%. The number of discrete patients per practitioner also dropped by 0.71%, from 566 in 1987-88 to 562 in 1988-89.
- Visit services accounted for nearly one half of the total fee-for-service payments to Alberta physicians in 1988-89 (47.40%). Approximately one quarter (26.38%) of the total payment was for pathology, radiology and other diagnostic related services (16.05%, 4.44% and 5.89%, respectively).
- The number of medical services (provided in Alberta) per 1,000 insured persons decreased by 0.03% to 10,829. The percentage changes by type of service ranged from an increase of 19.66% for special visits to a decrease of 6.35% for hospital visits. Increases were registered for special visits (19.66%), surgical assists (6.67%), major surgery (6.02%), anaesthesia (1.66%), office visits (0.40%), and pathology services (0.23%). Decreases occurred for hospital visits (−6.35%), minor surgery (−2.80%), radiology services (−1.17%) and other diagnostic and therapeutic services (−0.89%). The rates for consultations and obstetrical services showed no change from 1987-88.
- The number of persons who received at least one medical service increased by 1.34% to 2,195,125 in 1988-89 from 2,166,055 in 1987-88.
- Of the 2,195,125 discrete patients who received at least one medical service during 1988-89, 35.48% received not more than $100.00 in services. Another 22.60% received more than $100.00 but not more than $200.00, while 20.96% received over $200.00 but not more than $400.00. The remaining 20.96% received more than $400.00 in services. This group of patients accounted for approximately 62% of the total fee-for-service payment in 1988-89.
- The cost per discrete patient (for services provided to Alberta residents by practitioners in Alberta) for Basic Health Services and the percentage changes from the previous year were:

Medical	$290.51	a 3.27%	increase
Oral Surgery	$249.19	a 28.84%	decrease
Chiropractic	$ 91.33	a 9.13%	increase
Optometry	$ 38.84	a 41.60%	increase
Podiatric	$ 75.65	a 5.41%	increase
Physical Therapy	$155.51	a 7.70%	increase
Total	$311.21	a 3.18%	increase

EXTENDED HEALTH BENEFITS

- The total number of registered persons covered under the Extended Health Benefits (EHB) Program increased by 3.27% to 255,929. Of the covered population, 48.53% received at least one EHB service in Alberta during the year, down slightly from 49.39% in 1987-88.
- Fee-for-Service payments for Extended Health Benefits, provided to Alberta residents by practitioners in Alberta, increased by 0.05% to $36,065,113 from $36,047,399 in 1987-88. The payments and the percentage changes from the previous year were:

Dentists	$22,540,225	a 0.93%	decrease
Denturists	$ 7,916,312	a 0.86%	increase
Optometrists	$ 2,576,541	a 1.51%	increase
Ophthalmic Dispensers	$ 3,032,035	a 4.23%	increase

- The number of discrete patients for each EHB discipline (with the percentage increase from the previous year in parenthesis) were: Dentists – 76,834 (2.11%), Denturists – 21,871 (0.67%), Optometrists – 23,037 (−1.56%) and Ophthalmic Dispensers – 27,334 (2.66%).
- The cost per discrete patient for services provided to Alberta residents by practitioners in Alberta and the percentage changes from the prior year were:

Dentists	$293.36	a 2.98%	decrease
Denturists	$361.95	a 0.19%	increase
Optometrists	$111.84	a 3.12%	increase
Ophthalmic Dispensers	$110.93	a 1.53%	increase
Total	$290.37	a 1.41%	decrease

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

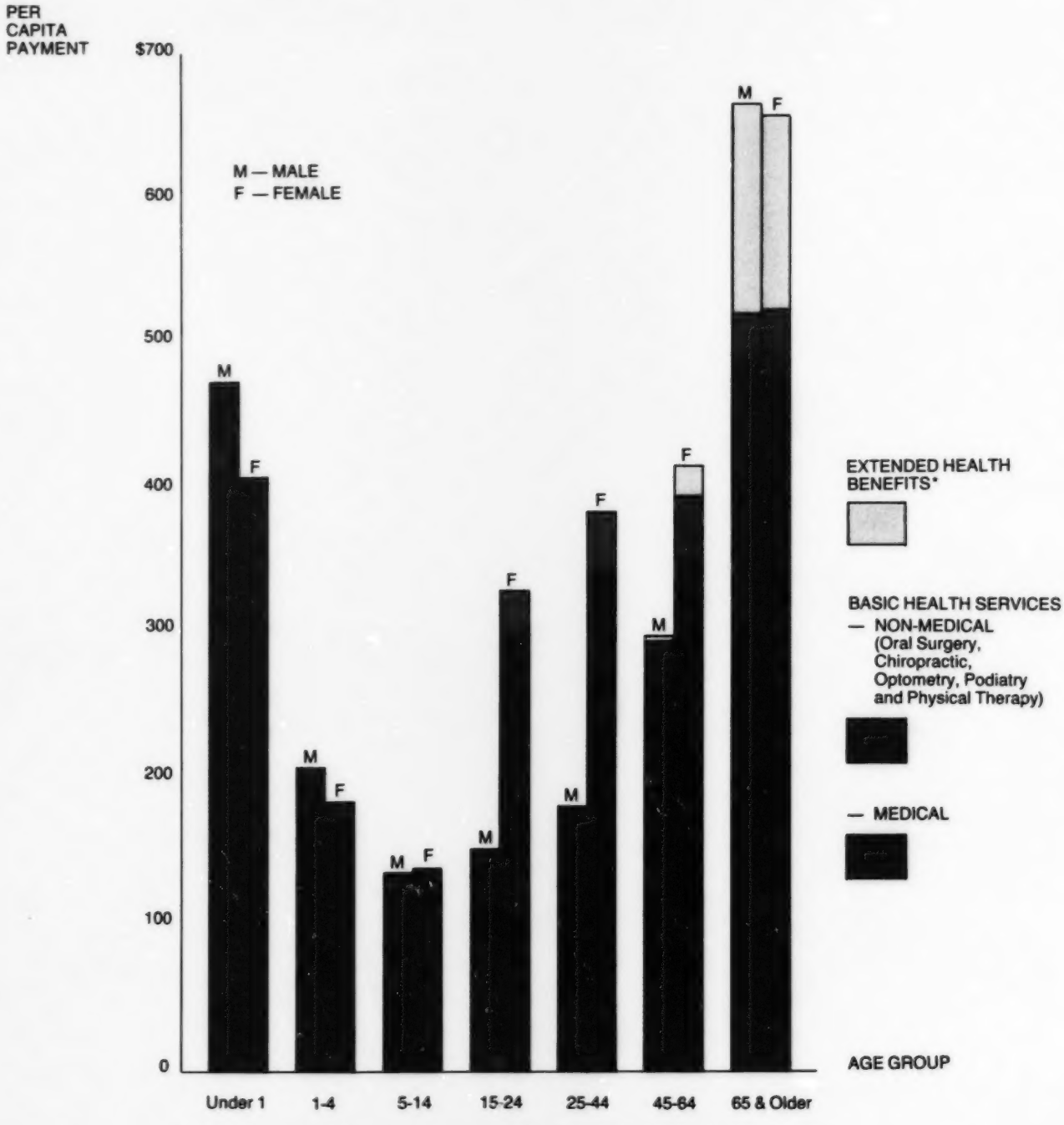
- The number of registrations with Alberta Blue Cross Non-Group coverage increased by 1.13% to 249,671 and the number of persons covered decreased by 0.14% to 438,366.
- The number of registrations paying regular premiums increased by 0.99% to 50,775 and the number of persons covered increased by 0.44% to 127,530.
- The number of registrations receiving coverage at reduced premium rates decreased by 13.97% to 22,987 and the number of persons covered decreased by 14.45% to 54,907.

- The number of registrations who received premium-free coverage under the 65 years of age and older group and Widows' Pension group increased by 3.55% to 175,909 and the number of persons increased by 3.27% to 255,929.
- The number of registrations receiving drug benefits during the 1988-89 fiscal year accounted for 81.79% of the total registrations covered under the Alberta Blue Cross Non-Group Membership.
- During 1988-89, the net payment (i.e., gross payment less co-insurance and deductible amounts) for drug benefits was $103,334,839 with an average payment of $506.02 per registration receiving drug benefits.
- The average net payment for prescription drugs per registration receiving drug benefits under the seniors and widows groups was significantly higher ($554.13) than that for the premium paying registrations ($355.47).
- The average number of prescriptions per registration receiving drug benefits was around 27 during 1988-89. Overall, the average gross cost per prescription was $24.15 during this period.
- For the seniors and widows groups, cardiovascular and nervous system drugs together accounted for over 50% of the total net payment for prescription drugs during 1988-89.

NOTE: The payment data which appear in these highlights and in the statistical tables which follow are compiled on a date-of-payment basis. The Financial Statements of the Health Care Insurance Fund, which appear in the Departmental Annual Report, show expenditures on a date-of-service basis.

FIGURE 1

DISTRIBUTION OF AVERAGE PAYMENTS PER PERSON COVERED FOR BASIC HEALTH SERVICES AND EXTENDED HEALTH BENEFITS BY AGE AND SEX FOR THE YEAR ENDED MARCH 31, 1989



* Covers residents 65 years and older and their spouses and dependants, and widows and widowers receiving the Alberta Widows' Pension and their dependants.

NOTE: Where per capita payment was less than $1.00 it was not indicated.

FIGURE 2

DISTRIBUTION OF PERSONS COVERED FOR BENEFITS BY AGE AND SEX AT MARCH 31, 1989

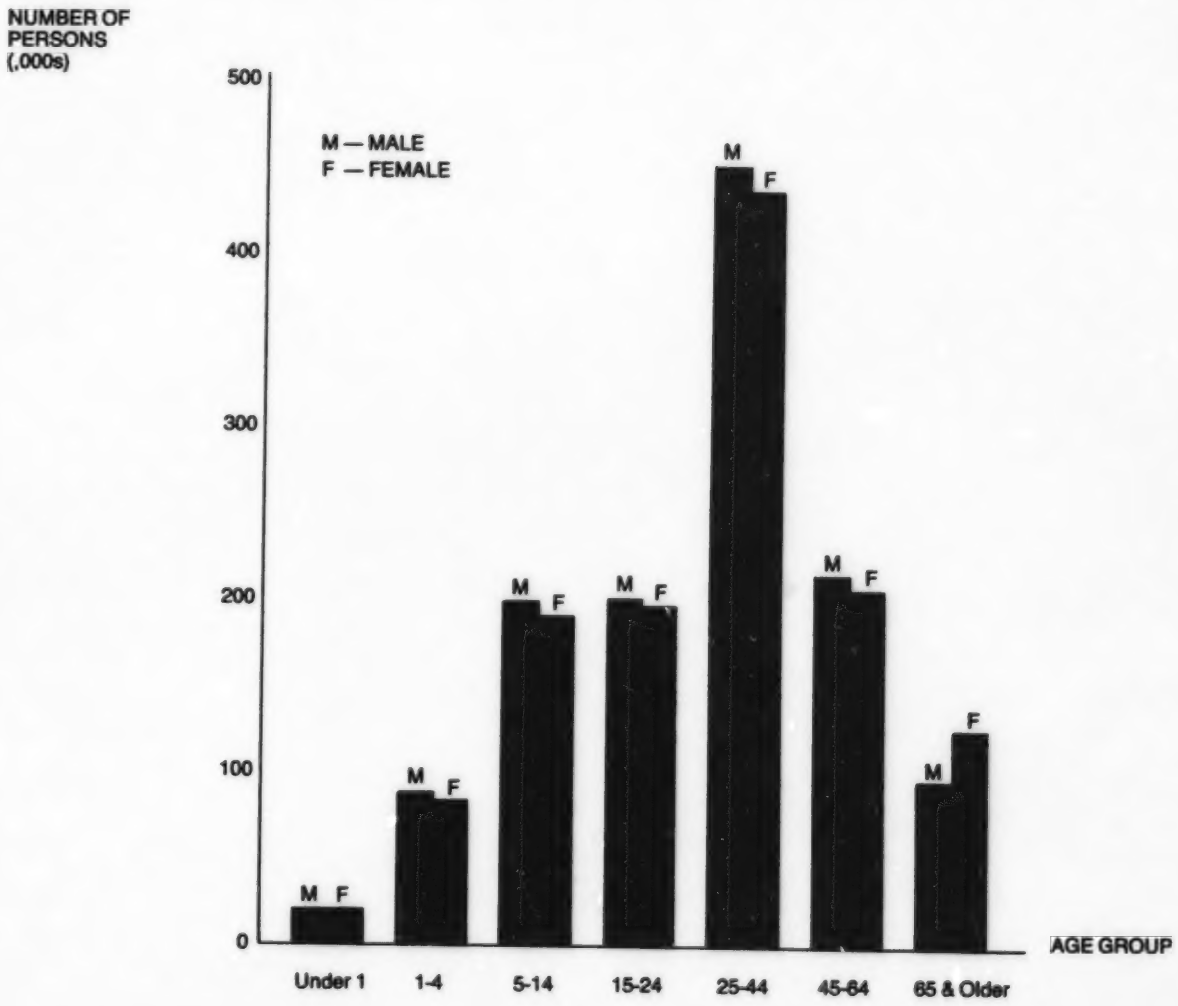


FIGURE 3

NUMBER OF ALBERTA PRACTITIONERS WHO RECEIVED PAYMENT FOR BASIC HEALTH SERVICES FROM THE ALBERTA HEALTH CARE INSURANCE PLAN FOR THE YEARS ENDED MARCH 31

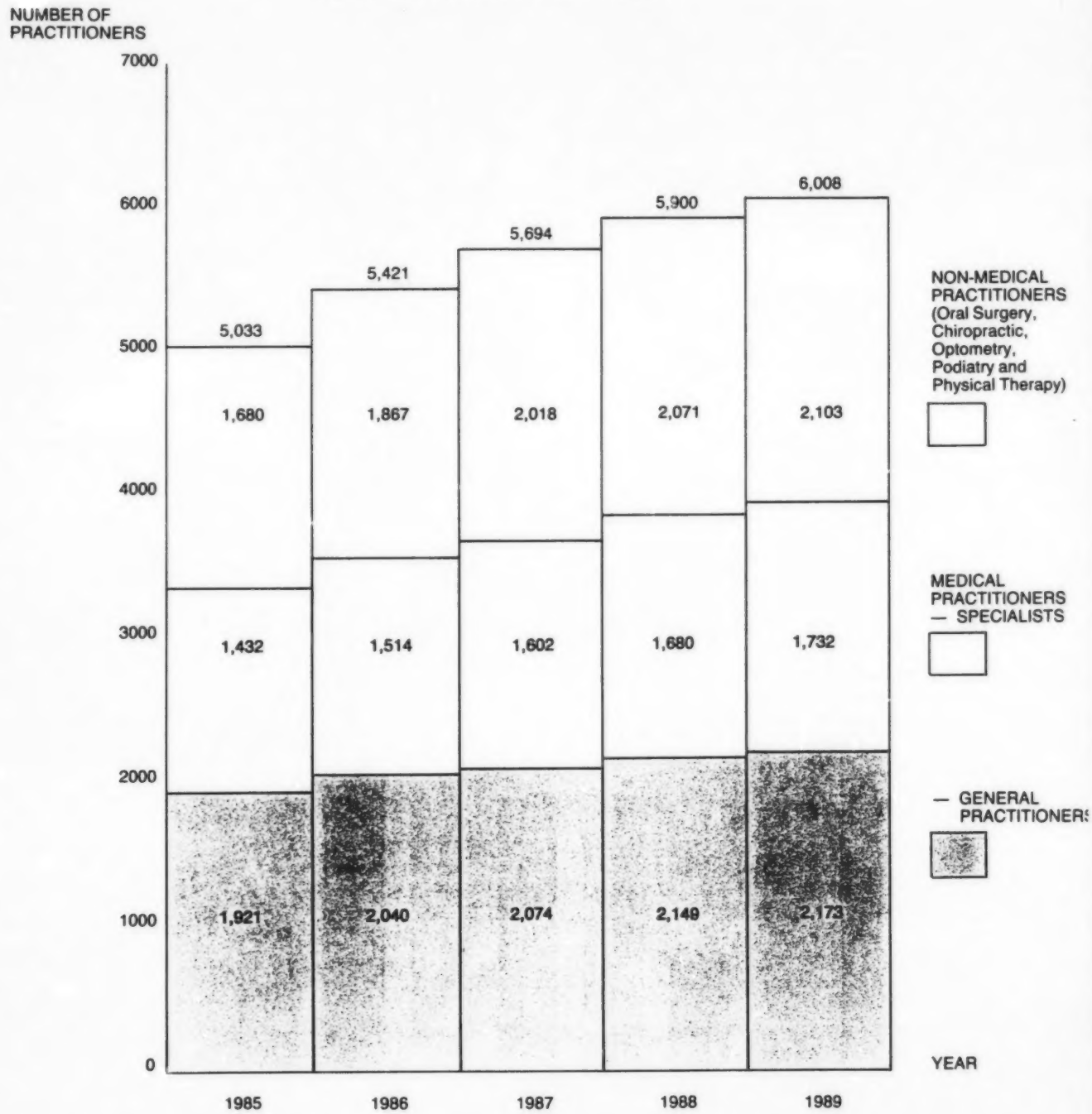
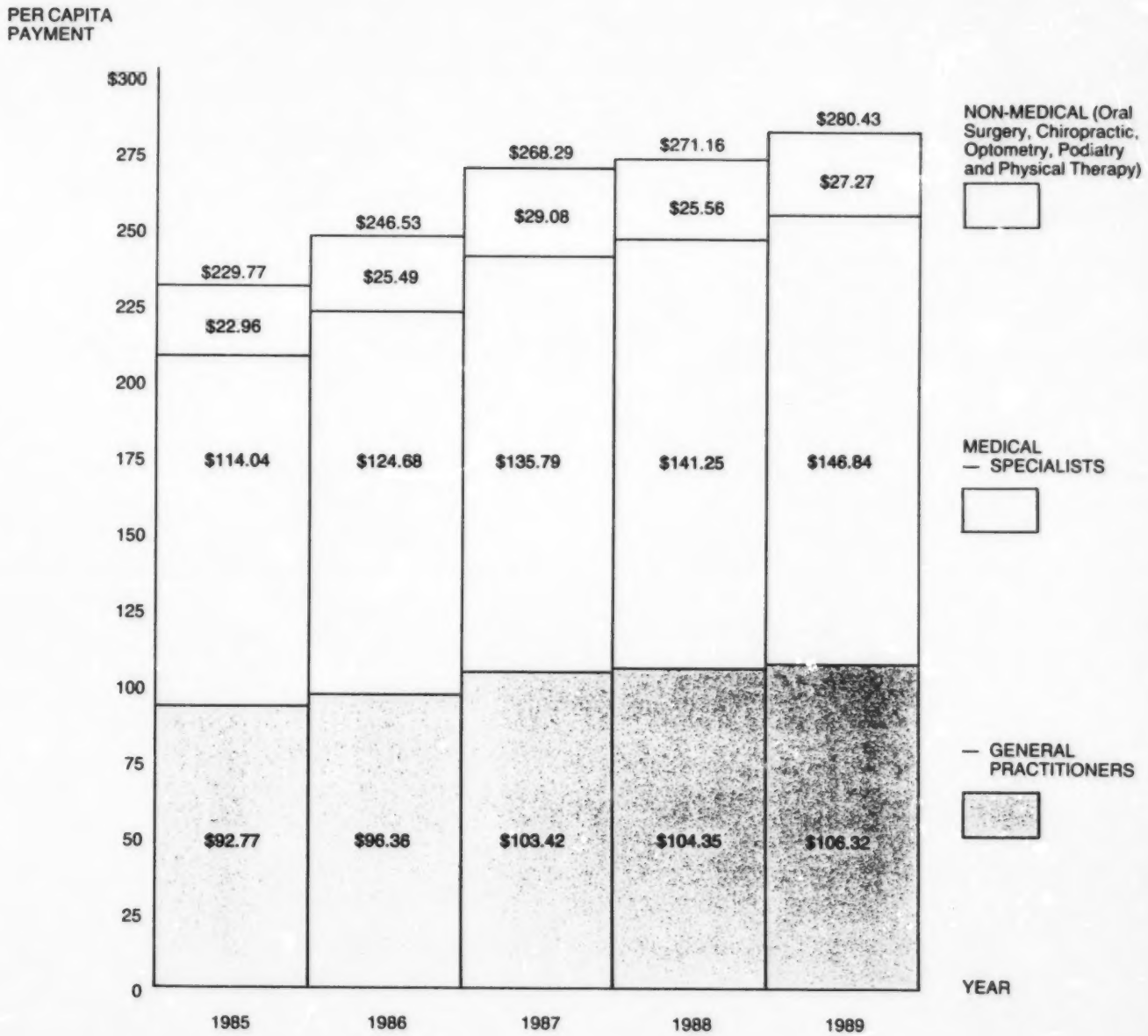


FIGURE 4

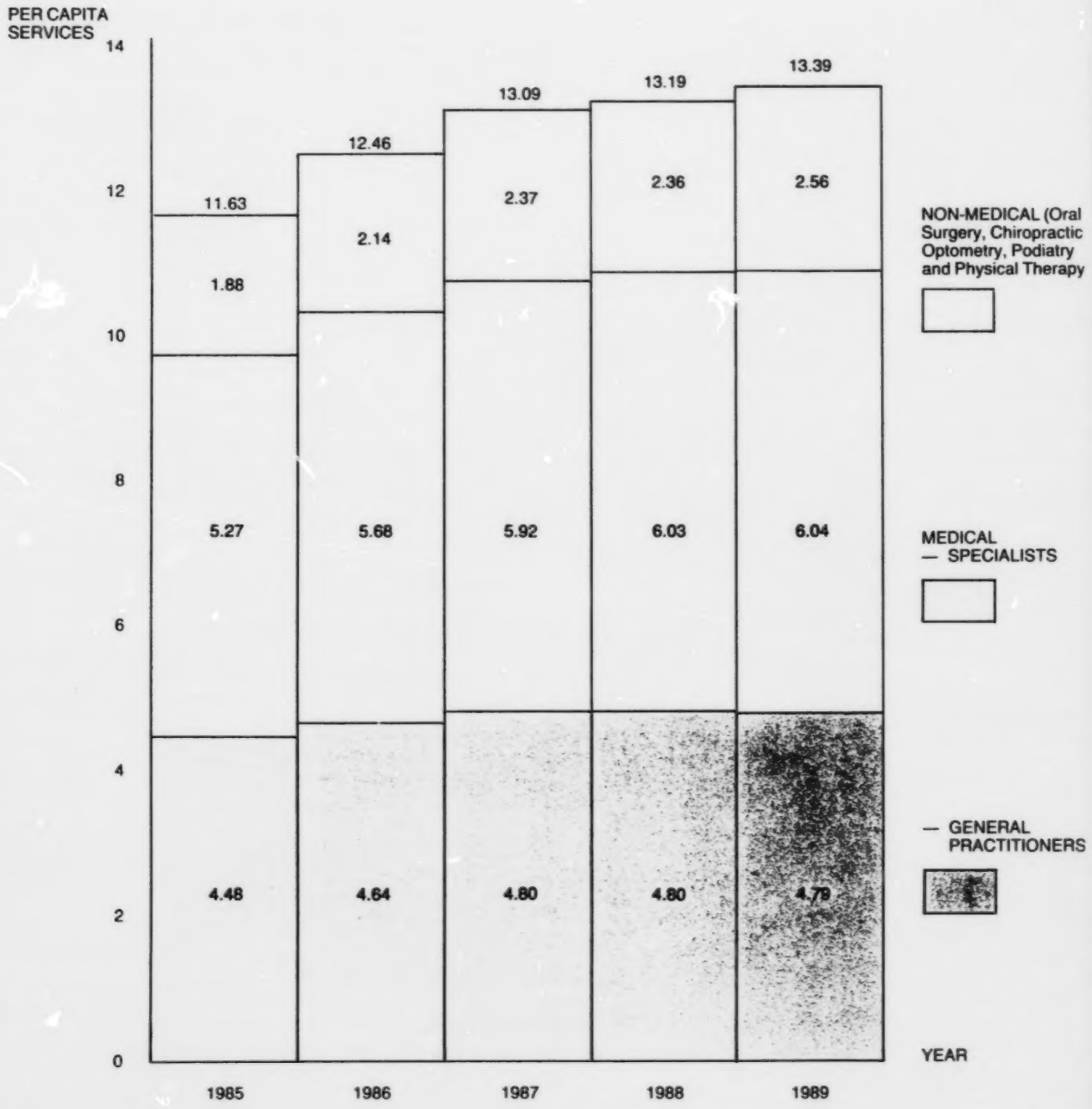
AVERAGE PAYMENT PER PERSON COVERED FOR BASIC HEALTH SERVICES FOR THE YEARS ENDED MARCH 31



NOTE: Only fee-for-service payments to Alberta practitioners are included.

FIGURE 5

AVERAGE NUMBER OF SERVICES PER PERSON FOR BASIC HEALTH SERVICES FOR THE YEARS ENDED MARCH 31



NOTE: Only services provided by Alberta practitioners on a fee-for-service basis are included.

Statistical Tables

Page

1. MEDICAL BENEFITS – SELECTED INDICATORS 14
2. DECOMPOSITION OF CHANGES IN ANNUAL MEDICAL PAYMENTS INTO EXPLANATORY FACTORS ON A DATE-OF-PAYMENT BASIS 15
3. MEDICAL SERVICES PER 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE 16
4. BASIC HEALTH SERVICES – PERCENTAGE CHANGES IN THE SCHEDULE OF BENEFITS 17
5. PERCENTAGE CHANGES IN THE SCHEDULE OF MEDICAL BENEFITS BY SPECIALTY 18
6. REGISTRATIONS AND PERSONS COVERED 20
7. REGISTRATIONS AND PERSONS COVERED BY METHOD OF PREMIUM COLLECTION AND SUBSIDY LEVEL 21
8. BASIC HEALTH SERVICES – Persons Covered by Age and Sex 22
9. DISTRIBUTION OF PAYMENTS FOR BASIC HEALTH SERVICES 22
10. TOTAL AND AVERAGE GROSS PAYMENTS TO PRACTITIONERS 23
11. DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE TO ALL PRACTITIONERS 24
12. AVERAGE AND MEDIAN GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS 25
13. DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE TO ALL PRACTITIONERS 26
14. DISTRIBUTION OF GROSS AVERAGE PAYMENTS TO MEDICAL PRACTITIONERS ACCORDING TO GROUP OF SPECIALTIES BY DOLLAR RANGE AND ALBERTA PRACTICE YEAR 30
15. PERCENTAGE DISTRIBUTION OF MEDICAL PAYMENTS BY TYPE OF SERVICE AND SPECIALTY 33
16. MEDICAL SERVICES AND PAYMENTS PER 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE BY AGE AND SEX 34
17. DISTRIBUTION OF DISCRETE MEDICAL PATIENTS BY AGE GROUP AND SEX 35
18. DISTRIBUTION OF DISCRETE PATIENTS BY PAYMENT RANGE FOR MEDICAL SERVICES 35
19. DISTRIBUTION OF MEDICAL PRACTITIONERS AND AVERAGE PAYMENTS BY REGION 36
20. OUT-OF-COUNTRY BASIC HEALTH SERVICES – Distribution of Fee-For-Service Payments and Number of Services 36
21. BASIC HEALTH SERVICES – Fee-For-Service Payments and Services Per Registration and Patient 37
22. FEE-FOR-SERVICE MEDICAL PAYMENTS AND SERVICES PER REGISTRATION AND PATIENT 37
23. BASIC HEALTH SERVICES AND EXTENDED HEALTH BENEFITS – Number of Services and Percentage Changes 38
24. EXTENDED HEALTH BENEFITS – Fee-For-Service Payments and Services Per Registration and Patient 39
25. EXTENDED HEALTH BENEFITS – SELECTED INDICATORS 40
26. EXTENDED HEALTH BENEFITS – PERCENTAGE CHANGES IN THE SCHEDULE OF BENEFITS 41
27. ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP – Registrations and Persons Covered by Level of Premium Payment 42
28. ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP – Persons Covered by Age and Sex 43

29. ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP – SELECTED INDICATORS FOR DRUG BENEFITS 44

30. ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP – Distribution of Registrations Receiving Drug Benefits and Net Payment By Number of Prescriptions and Net Payment for Seniors and Widows by Broad Drug Category 45

31. ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP – Distribution of Prescriptions, Net Payment, Co-Insurance Amount and Average Gross Cost Per Prescription 46

32. EMERGENCY FINANCIAL ASSISTANCE PROGRAM – Applications Reviewed 47

EXPLANATORY COMMENTS

The following are explanatory remarks relating to statistical tables tabulated from the registration and claims-payment files of the Alberta Health Care Insurance Plan.

(A) Registration

1. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily absent from the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.
2. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.
3. The Alberta Widows' Pension Program was introduced on May 1, 1983 to assist widows and widowers of limited income and aged 55 and older but under age 65, by providing financial, housing and health care benefits similar to those received by Alberta senior citizens. Under the health care benefits portion of the Program, eligible persons and their dependants receive premium-free coverage under the Basic Health Services Program, Extended Health Benefits Program and Alberta Blue Cross Non-Group Membership.
4. Exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted to registrants aged 65 and older and to their spouses and dependants; and to widows and widowers receiving the Alberta Widows' Pension and to their dependants.
5. The premium payment levels indicated are those charged to registrants by the Alberta Health Care Insurance Plan.

(B) Claims-Payment

1. Payments to practitioners represent gross fee-for-service payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.
2. The payment data are tabulated and reported on a date-of-payment basis.
3. Payments include only fee-for-service payments to practitioners for services which were provided to Alberta residents.
4. Payments for Basic Health Services provided to injured workers coming under the Workers' Compensation Act, which are recoverable from the Workers' Compensation Board, are not included in the payment data.
5. The payment data exclude certain adjustments and off-line payments.
6. Under the Extended Health Benefits Program, the Alberta Health Care Insurance Plan paid a major portion of the cost of eyeglasses, dentures and dental care for registrants 65 years of age and older and for their spouses and their dependants; and for widows and widowers receiving the Alberta Widows' Pension and for their dependants.
7. The number of discrete patients is defined as the number of different registered persons receiving at least one service during the period reported.
8. With the exception of 1) practitioners who provide a locum tenens for another practitioner, and 2) claims for laboratory and radiology services, each practitioner must claim for the services which he/she provides.
9. Practitioners may assign the payments to which they are entitled to a clinic of which they are members, and this arrangement is between the practitioner and the clinic. These assignments are recorded as payments to the practitioner who provided the services.
10. Average payment is the arithmetic mean payment. Median payment is the middle payment when all payments are arranged according to size.
11. Osteopathic services were classified as medical services effective October 10, 1973. They were included in medical services for the entire year ended June 30, 1974 and for all subsequent years.
12. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.
13. A new medical specialty of emergency medicine was established for purposes of statistical reporting, beginning with the 1986-87 fiscal year. This new specialty consists of physicians who have a specialty certification in emergency medicine.
14. A new surgical specialty of cardiovascular and thoracic surgery was created for purposes of statistical reporting, beginning with the 1987-88 fiscal year. This new specialty consists of physicians who have a specialty certification in either cardiovascular surgery or thoracic surgery.
15. Physicians who have a specialty certification in general surgery, as well as in either cardiovascular or thoracic surgery, were included in the specialty of cardiovascular and thoracic surgery for 1987-88 and 1988-89. The data for general surgery in 1986-87 have been revised to ensure comparability.

16. To make statistical data more manageable, a grouping of medical practitioners is necessary for certain crosstabulations. The grouping consists of (i) General Practitioners, (ii) Medical Specialists, (iii) Surgical Specialists and (iv) Laboratory Specialists. The Medical Specialists group is composed of anaesthetists, dermatologists, internists, neurologists, paediatricians, psychiatrists, physiatrists, and emergency medicine physicians. The Surgical Specialists group is made up of general surgeons, urologists, neurological surgeons, obstetricians-gynaecologists, ophthalmologists, rhino-otolaryngologists, orthopaedic surgeons, plastic surgeons, thoracic surgeons and cardiovascular surgeons. The Laboratory Specialists group consists of pathologists and pathology laboratories, radiologists and radiology laboratories and other laboratories such as E.E.G. (electroencephalogram) laboratories.

17. The Alberta Health Care Insurance Plan changed its procedure for the billing of laboratory services by medical practitioners within clinics. Effective August 1, 1987, all existing pathology and radiology laboratories within clinics were assigned specific billing numbers if the laboratory facility was accredited by the College of Physicians and Surgeons of Alberta. If a clinic had both accredited pathology and radiology laboratories, a separate billing number was assigned to each laboratory facility. All new clinic laboratories were registered with specific billing numbers from this date onwards.

    Laboratory services provided on or after August 1, 1987 by these clinic laboratories were submitted and paid under the specific pathology and radiology billing numbers for the clinic. Prior to August 1, 1987, the laboratory services provided by these clinic laboratories were submitted and paid under the billing number of the practitioner in the clinic who ordered the service.

    Due to this change in billing procedure, the data for the specialties of laboratory/pathologists and laboratory/radiologists for 1987-88 and 1988-89 are not comparable to the data for previous years. Some caution, therefore, is recommended in the interpretation of these figures.

18. Some modifications in benefits available under the Alberta Health Care Insurance Plan were made effective August 1, 1987. The changes were as follows:
    - Benefits payable to chiropractors, physical therapists and podiatrists were reduced by 12.5%.
    - Benefits for services provided by dentists, which are covered under Alberta Health Care for non-surgical treatment of Temporo-Mandibular Joint (stress of the jaw joint), were reduced by 50%.
    - Eye examinations for the purpose of prescribing eye glasses or contact lenses, or to determine if a change to prescription is required, continued to be included as an insured service for children 18 years of age and younger, for senior citizens and their dependants, and for widows and widowers receiving the Alberta Widows' Pension and their dependants. Fees paid by Alberta Health Care on behalf of seniors, widows and widowers, and children were set equal for both optometrists and ophthalmologists. For all other patients, eye examinations were no longer covered by Alberta Health Care.
    - Some selected physician services which are not medically required were removed from the Fee Schedule. The majority of these relate to contraception and sterilization services, when not medically required.
    - Senior citizens were no longer required to have a drivers' license medical at 70 years of age. Instead, the first medical is required at age 75, with the second at age 80 and every two years after that. These medicals continued to be covered by Alberta Health Care.
    - The family coverage limits of $400.00 per benefit year for chiropractic, podiatric and physical thereapy benefits were removed and only individual limits of $200.00 per year were applied.

19. Two modifications were made to the coverage under the Alberta Blue Cross Non-Group Plan effective August 1, 1987:
    - Non premium-paying subscribers (seniors, widows and widowers receiving the Alberta Widows' Pension, and their dependants) were no longer eligible to receive coverage under the Alberta Blue Cross Non-Group Plan for preferred accommodations in active treatment hospitals. However, these persons are still eligible to receive preferred accommodations in active treatment hospitals as a benefit under the Alberta Hospitalization Benefits Plan, if it is medically required.
    - The deductible for premium-paying subscribers for non-hospital accommodation benefits was increased to $50.00 from $15.00.

20. Effective April 7, 1988, selected physician services were reinstated as benefits under the Alberta Health Care Insurance Plan. Included was the reinstatement of consultation required under Section 20 of the Alberta Hospitals Act Regulations for sterilization, first caesarean section, D and C, or hysterectomy for patients under age 40; tubal ligations (i.e., sterilization by laparotomy, laparoscopy or colpotomy); vasectomies; and insertion of I.U.D.s, including follow-up visits.

21. The Schedule of Medical Benefits was increased by 0.18% effective June 1, 1988 resulting from changes in the benefits payable for cardiothoracic and vascular surgery services.

22. Standard eye examinations by optometrists and ophthalmologists for the purpose of prescribing eye glasses or contact lenses were reinsured effective July 1, 1988 for persons aged 19 to 64 years, with a limit of one benefit every 2 consecutive benefit years. Also certain optometric benefits were added to the Schedule of Optometric Benefits effective July 1, 1988, including a benefit for a partial visual examination (2 or more single diagnostic procedures), and a benefit for an additional single procedure. The Schedule of Medical Benefits was increased by 0.35% effective July 1, 1988 resulting from an increase to $50.00 in the benefits payable for a complete eye examination or consultation by an ophthalmologist.

23. Effective July 1, 1988, the following benefits were reinstated:
   - Physical Therapy benefits were increased to $19.60 from $17.15 per person per day. This restored the benefits to the rate prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.
   - Chiropractic benefits per visit were increased to $12.00 from $10.50 and x-rays were increased to $19.90 from $17.40. This restored the benefits to the rates prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.
   - Podiatry benefits were increased overall by about 14.29% under the approved schedule of fees. This reinstated podiatric benefits to the rates prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.

NOTE

The statistics in the following tables cannot be used as an accurate measure of a full-time practitioner's income as:

(1) practitioners receive income from other sources (e.g. Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by Alberta Health Care);

(2) both full-time and part-time practitioners are included in the statistics;

(3) the figures quoted are gross payments from which practitioners pay their office expenses.

	1987	1988	1989	Percentage Change 1988/1987	Percentage Change 1989/1988
Number of Registered Persons	2,462,017	2,480,943	2,518,973	0.77%	1.53%
Number of Medical Practitioners					
All Practitioners	3,676	3,829	3,905	4.16%	1.98%
General Practitioners	2,074	2,149	2,173	3.62%	1.12%
Medical Specialists	855	881	922	3.04%	4.65%
Surgical Specialists	549	562	571	2.37%	1.60%
Laboratory Specialists	198	237*	239*	19.70%*	0.84%*
Total Medical Payments	$588,938,394	$609,324,574	$637,700,792	3.46%	4.66%
Total Number of Medical Services	26,375,647	26,874,732	27,276,842	1.89%	1.50%
Number of Medical Services Per Practitioner	7,175	7,019	6,985	−2.17%	−0.48%
Total Medical Payment Per 1,000 Persons	$ 239,210	$ 245,602	$ 253,159	2.67%	3.08%
Total Number of Services Per 1,000 Persons	10,713	10,832	10,829	1.11%	−0.03%
Average Payments					
All Practitioners	$ 160,212	$ 159,134	$ 163,304	−0.67%	2.62%
General Practitioners	122,768	120,474	123,251	−1.87%	2.31%
Medical Specialists	119,027	120,800	123,048	1.49%	1.86%
Surgical Specialists	189,498	191,593	202,365	1.11%	5.62%
Laboratory Specialists	649,063	575,219*	589,445*	−11.38%*	2.47%*
Median Payments					
All Practitioners	$ 125,592	$ 123,096	$ 127,324	−1.99%	3.43%
General Practitioners	123,591	122,238	126,463	−1.09%	3.46%
Medical Specialists	111,647	110,870	109,748	−0.70%	−1.01%
Surgical Specialists	189,473	187,392	198,661	−1.10%	6.01%
Laboratory Specialists	65,795	42,495*	36,355*	−35.41%*	−14.45%*
Discrete Patients (Medical)	2,152,846	2,166,055	2,195,125	0.61%	1.34%
Discrete Patients Per Practitioner	586	566	562	−3.41%	−0.71%

* Not comparable to data for 1986-87 and previous years (see note 17 in "Claims-Payment" section of "Explanatory Comments").

NOTES: A. Only fee-for-service items paid to practitioners in Alberta are included.

B. See notes in "Explanatory Comments".

TABLE 2

DECOMPOSITION OF CHANGES IN ANNUAL MEDICAL PAYMENTS INTO EXPLANTORY FACTORS ON A DATE-OF-PAYMENT BASIS

For the Years Ended March 31, 1983 to 1989

Year Ending March 31	Total (1) (%)	Payment Runs (2) (%)	Population (3) (%)	Price (4) (%)	Utilization	
					Capacity (5) (%)	Service Intensity (6) (%)
1983	28.82	2.48	2.58	15.19	1.52	7.05
1984	11.87	−2.19	0.71	5.88	0.71	6.76
1985	4.33	2.01	−0.10	0.50	0.47	1.45
1986	8.82	0.00	0.60	0.00	2.11	6.11
1987	9.06	−2.14	0.77	5.02	1.73	3.68
1988	3.46	0.00	0.50	1.18	−0.15	1.93
1989	4.66	0.00	1.16	1.81	0.49	1.20

METHOD:

Total medical fee-for-service payments measured on a date-of-payment basis relate to services provided in the payment year, and to services provided in the previous year. Since date-of-payment data are sensitive to the number of cheque issuances, the data are adjusted by the Payment Runs variable, and as such, ensure comparability between the payment periods. In order to express changes in the annual amount of total payments in terms of changes in explanatory factors, which are measured on a date-of-service basis, it is necessary to apply an adjustment to those factors. The adjustment takes the form of weights applied to the annual change in each of the explanatory factors, and are derived from the proportion of payments associated with services provided in the payment year, and those associated with services provided in the previous year. The weights are required to account for any distortions caused by the lag between service date and payment date. Percentage change in total payments is expressed as the sum of percentage change in the explanatory factors. The factor decomposition is derived from the model of medical payments which states:

Total Payments = Population x Price x Capacity x Service Intensity

From which it follows that:

Change in Total Payments = Population Change + Price Change + Capacity Change + Service Intensity Change

NOTES:

(1) Percentage change in fee-for-service payments provided to Alberta residents by Alberta physicians measured on a date-of-payment basis.
(2) Percentage change in the amount of payments related to the number of cheque issuances made during the year.
(3) Percentage change in the eligible population.
(4) Percentage change in the Schedule of Medical Benefits.
(5) Percentage change in the ratio of the number of persons who had at least one physician encounter during the year, (discrete patient), to the eligible population.
(6) Percentage change in the benefit-weighted number of services per discrete patient, which avoids assigning equal weights to each service. Otherwise, changes in the number of office visits and changes in the number of heart surgeries would be treated the same.

MEDICAL SERVICES PER 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE

For the years ended March 31, 1979 to 1989

Type of Service	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	Percentage Change (1989/1988)	Annual Average Percentage Change (1979-1989)
Consultations	204	206	214	222	250	281	307	319	333	346	346	—	5.43%
Office Visits	3,066	3,117	3,217	3,195	3,511	3,731	3,993	4,176	4,410	4,515	4,533	0.40%	3.99
Hospital Visits	762	754	693	665	728	792	824	839	818	740	693	-6.35	-0.94
Special Visits	151	143	142	136	107	87	88	105	89	117	140	19.66	-0.75
Major Surgery	65	64	62	60	66	72	73	86	84	83	88	6.02	3.08
Minor Surgery	96	94	100	100	106	114	112	125	117	107	104	-2.80	0.80
Surgical Assists	28	26	28	26	26	27	30	31	31	30	32	6.67	1.34
Obstetrical Services	21	22	21	22	22	23	22	25	22	22	22	—	0.47
Anaesthesia	130	139	140	139	148	163	165	184	180	181	184	1.66	3.54
Radiology Services	319	293	284	269	288	289	309	316	330	342	338	-1.17	0.58
Pathology Services	1,901	2,137	2,239	2,323	2,633	2,816	3,031	3,263	3,422	3,446	3,454	0.23	6.15
Other Diagnostic and Therapeutic Services	608	585	604	611	654	754	802	854	877	903	895	-0.89	3.94
TOTAL	7,351	7,580	7,744	7,768	8,539	9,149	9,756	10,323	10,713	10,832	10,829	-0.03	3.95

NOTES: A. Included are medical services provided in Alberta on a fee-for-service basis.

B. Special visits include routine home visits, emergency home visits and other home visits.

C. See notes in "Explanatory Comments".

BASIC HEALTH SERVICES

TABLE 4

PERCENTAGE CHANGES IN THE SCHEDULE OF BENEFITS

Effective Date \ Discipline	Medical	Oral Surgery	Chiropractic	Optometry	Podiatry	Physical Therapy*
	(%)	(%)	(%)	(%)	(%)	(%)
July 1, 1970	6.95	Nil	18.99	25.00	25.63	N.A.
November 1, 1972	0.62	Nil	Nil	Nil	Nil	N.A.
October 1, 1973	4.00	Nil	Nil	Nil	Nil	N.A.
October 1, 1974	4.00	Nil	Nil	Nil	Nil	N.A.
March 1, 1975	7.20	Nil	Nil	Nil	Nil	N.A.
January 1, 1976	9.00	9.00	9.00	9.00	9.00	N.A.
January 1, 1977	7.00	7.00	7.00	7.00	7.00	N.A.
January 1, 1978	6.47	6.47	6.47	6.47	6.47	N.A.
January 1, 1979	7.00	7.00	7.00	7.00	7.00	N.A.
January 1, 1980	15.50	10.50	9.00*	8.50	9.00	N.A.
January 1, 1981	15.40**	11.60	11.00	11.00	11.00	N.A.
January 1, 1982	16.47	9.00	13.00	13.00	13.00	14.18++
July 1, 1982	4.12***	Nil	Nil	Nil	Nil	Nil
January 1, 1983	5.00	5.00	5.00	5.00	5.00	6.00+++
April 1, 1986	4.65	4.65	4.65	4.65	4.65	4.65
October 1, 1986#	1.53	0.33	Nil	Nil	Nil	Nil
August 1, 1987##	Nil	−45.16	−12.50	27.77	−12.50	−12.50
April 1, 1988	1.48###	Nil	Nil	Nil	Nil	Nil
June 1, 1988	0.18@	Nil	Nil	Nil	Nil	Nil
July 1, 1988	0.35@@	Nil	14.29@@@	Nil	14.29@@@	14.29@@@

N.A.: Not Applicable.

NOTES:

* Effective March 1, 1980.

** Effective March 1, 1981, annualized to 12.80%.

*** Added benefits to deal with substantive issues, including payments for mandatory consultations, re-designation of the workday start, differentials for evenings and nights, and differentials for week-ends and holidays.

\+ Fee-for-service physical therapy became an insured benefit of the Alberta Health Care Insurance Plan on July 1, 1981.

\+\+ Effective February 1, 1982, annualized to 13.00%.

\+\+\+ Effective March 1, 1983, annualized to 5.00%.

\# An agreement was reached between the Government of Alberta and the Alberta Medical Association to end extra-billing effective October 1, 1986 for all medically required services which are insured under the Alberta Health Care Insurance Plan. Subsequently, the Alberta Dental Association also agreed to end extra-billing for any oral surgical procedures insured by Alberta Health Care. The changes to the medical and oral surgery schedules effective October 1, 1986 are related to the elimination of extra-billing.

\## The following changes in benefit rates were made effective August 1, 1987: 1) The benefits payable to chiropractors, podiatrists and physical therapists were reduced by 12.5%. 2) Benefits for services provided by dentists relating to the non-surgical treatment of Temporo-Mandibular Joint (stress on the jaw) were reduced by 50%. This translated into an overall reduction of 45.16% for all oral surgery benefits. 3) The benefit rate paid by Alberta Health Care for eye examinations performed by optometrists was increased by 27.77%, from $24.85 to $31.75.

\### To address inequities in the Schedule.

@ Resulting from changes in the benefits payable for cardio-thoracic and vascular surgery services.

@@ Resulting from an increase in the benefits payable for a complete medical eye examination or consultation by an ophthalmologist to $50.00.

@@@ Reinstatement of benefit rates to the April 1, 1986 level.

PERCENTAGE CHANGES IN THE SCHEDULE OF MEDICAL BENEFITS BY SPECIALTY (1)

TABLE 5

Specialty \ Effective Date	(2) July 1 1970	(3) Nov. 1 1972	(3) Oct. 1 1973	(4) Oct. 1 1974	Mar. 1 1975	Jan. 1 1976	Jan. 1 1977	Jan. 1 1978	(6) Jan. 1 1979	Jan. 1 1980
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
General Practitioners	6.95	Nil	7.12	4.00	7.75	8.55	8.32	7.50	7.47	17.15
Anaesthetists	6.95	16.46	Nil	4.00	9.03	4.81	6.00	3.60	7.99	20.99
Dermatologists	6.95	– 5.04	Nil	4.00	3.56	6.03	4.74	5.25	5.74	11.04
General Surgeons	6.95	Nil	4.96	4.00	2.40	7.92	7.27	7.13	6.90	16.74
Urologists	6.95	Nil	Nil	4.00	2.47	7.65	5.41	5.03	5.31	16.50
Internists	6.95	1.45	6.68	4.00	10.30	7.35	6.03	6.13	6.40	15.72
Neurologists	6.95	0.76	Nil	4.00	8.81	7.95	6.84	5.51	6.68	14.37
Neurological-Surgeons	6.95	Nil	8.77	4.00	1.70	6.18	4.84	6.03	7.37	15.53
Obstetricians-Gynaecologists	6.95	– 3.29	Nil	4.00	2.63	7.30	5.74	5.82	4.45	14.94
Ophthalmologists	6.95	Nil	Nil	4.00	2.69	8.03	5.42	5.60	6.46	15.21
Rhino-Otolaryngologists	6.95	Nil	Nil	4.00	2.35	6.94	4.74	4.12	5.59	13.56
Orthopaedic Surgeons	6.95	Nil	Nil	4.00	2.38	7.18	3.77	4.14	5.77	14.51
Paediatricians	6.95	2.19	4.43	4.00	10.63	8.85	6.92	7.36	6.13	15.09
Psychiatrists	6.95	Nil	Nil	4.00	18.76	7.17	8.20	7.14	7.98	20.29
Plastic Surgeons	6.95	Nil	Nil	4.00	2.29	5.07	3.41	3.60	4.26	9.84
Physical Medicine and Rehabilitation	6.95	4.96	Nil	4.00	33.93	12.83	7.77	7.29	11.27	39.83
Thoracic Surgeons	6.95	Nil	Nil	4.00	1.73	6.45	3.39	3.40	3.85	8.64
Allergists	6.95	– 5.01	Nil	4.00	(5)	N.A.	N.A.	N.A.	N.A.	N.A.
Emergency Medicine	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Laboratory/Pathologists	6.95	– 10.65	Nil	4.00	7.27	11.82	6.30	5.45	8.13	9.53
Laboratory/Radiologists	6.95	– 4.95	Nil	4.00	7.45	10.52	4.74	4.85	6.35	11.07
All Physicians	6.95	0.62	4.00	4.00	7.20	9.00	7.00	6.47	7.00	15.50

N.A.: Not applicable.

(1) All percentage changes are calculated by using a base-weight index method.

(2) When the Alberta Health Care Insurance Plan was established effective July 1, 1969, the Schedule of Medical Benefits was set at 93.5% of the Alberta Medical Association's 1969 Fee Schedule. The Schedule of Medical Benefits was increased by 6.95% effective July 1, 1970 to cover 100% of the Profession's 1969 Fee Schedule.

(3) Spill-over effects are not included.

(4) Spill-over effects are included, beginning October 1, 1974.

(5) Allergists are included in their certified specialties, beginning March 1, 1975.

(6) In addition to the overall 7.00% increase, amendments granted to assessment rules pertaining to haemoglobin and urinalysis tests supplied in conjunction with visits resulted in an undetermined economic impact.

TABLE 5 Continued

Specialty \ Effective Date	Mar. 1 1981	Jan. 1 1982	(7) July 1 1982	Jan. 1 1983	Apr. 1 1986	(8) Oct. 1 1986	(9) Apr. 1 1988	(10) June 1 1988	(11) July 1 1988
	%	%	%	%	%	%	%	%	%
General Practitioners	16.42	17.40	N/A	4.43	4.83	1.33	2.15	–	Nil
Anaesthetists	12.35	17.03	N/A	1.63	7.38	0.14	5.07	Nil	Nil
Dermatologists	14.00	10.18	N/A	4.68	2.83	– 10.63	– 0.58	Nil	Nil
General Surgeons	15.48	15.76	N/A	4.31	5.32	– 0.17	2.11	0.31	Nil
Urologists	16.24	15.46	N/A	4.29	5.41	– 0.01	0.96	0.02	Nil
Internists	15.08	15.39	N/A	4.77	4.08	1.01	1.97	–	Nil
Neurologists	15.27	21.97	N/A	8.33	4.03	Nil	1.92	Nil	Nil
Neurological-Surgeons	15.11	18.80	N/A	14.62	5.40	Nil	2.41	0.03	Nil
Obstetricians-Gynaecologists	14.01	14.68	N/A	4.77	5.81	15.58	1.41	Nil	Nil
Ophthalmologists	13.86	15.01	N/A	4.28	3.75	2.20	– 0.12	Nil	14.25
Rhino-Otolaryngologists	13.23	12.97	N/A	3.82	3.70	– 2.78	0.05	0.01	Nil
Orthopaedic Surgeons	13.65	14.72	N/A	4.19	6.17	0.04	2.08	–	Nil
Paediatricians	14.88	18.80	N/A	5.88	4.17	1.50	5.09	Nil	Nil
Psychiatrists	18.29	18.69	N/A	4.42	10.09	Nil	4.23	Nil	Nil
Plastic Surgeons	13.69	13.31	N/A	4.05	4.42	– 19.97	– 0.15	0.06	Nil
Physical Medicine and Rehabilitation	26.09	16.36	N/A	2.81	2.91	Nil	0.29	Nil	Nil
Thoracic Surgeons	10.12	8.84	N/A	3.35	5.61	1.91	1.15	35.13	Nil
Allergists	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Emergency Medicine	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	1.80	0.02	Nil
Laboratory/Pathologists	12.67	15.18	N/A	10.04	3.24	0.02	– 1.47	Nil	Nil
Laboratory/Radiologists	18.79	17.26	N/A	5.06	2.81	Nil	0.37	Nil	Nil
All Physicians	15.40	16.47	4.12	5.00	4.65	1.53	1.48	0.18	0.35

–: Non-zero value.

N/A: Not available.

N.A.: Not applicable.

(7) Represents the calculated impact of additional benefits, including payments for mandatory consultations, redesignation of the work day start, differentials for evening and night services and differentials for weekend and holiday services. A breakdown of this increase by specialty is not available.

(8) Within the agreement to end extra-billing by physicians effective October 1, 1986, the Extraordinary Medical Services Assessment Fund (EMSAF) was established to compensate a participating physician for insured services rendered in the care of the sick where such services constitute extraordinary services having regard to the circumstances of the case. The economic impact of the EMSAF is included in the overall percentage increase for all physicians, but not in the percentage changes at the specialty level.

(9) To address inequities in the Schedule.

(10) Resulting from changes in the benefits payable for cardio-thoracic and vascular surgery services.

(11) Resulting from an increase in the benefits payable for a complete medical eye examination or consultation by an ophthalmologist to $50.00.

TABLE

at March 31

	Registrations			Percentage Change		Persons			Percentage Change	
	1987	1988	1989	1988/1987	1989/1988	1987	1988	1989	1988/1987	1989/1988
Individual	396,422	401,503	**408,649**	1.28%	**1.78%**	819,325	817,904	**824,862**	-0.17%	**0.85%**
Group	495,424	501,326	**509,030**	1.19%	**1.54%**	1,264,927	1,279,425	**1,301,408**	1.15%	**1.72%**
Registrant or Spouse Age 65 or Older	160,612	166,291	**172,420**	3.54%	**3.69%**	236,040	243,801	**252,063**	3.29%	**3.39%**
Widows' Pension	3,527	3,590	**3,489**	1.79%	**-2.81%**	4,010	4,026	**3,866**	0.40%	**-3.97%**
Social Allowance Recipients	66,759	66,355	**66,792**	-0.61%	**0.66%**	137,715	135,787	**136,774**	-1.40%	**0.73%**
TOTAL	1,122,744	1,139,065	**1,160,380**	1.45%	**1.87%**	2,462,017	2,480,943	**2,518,973**	0.77%	**1.53%**

NOTE: See notes in "Explanatory Comments".

REGISTRATIONS AND PERSONS COVERED BY METHOD OF PREMIUM COLLECTION AND SUBSIDY LEVEL at March 31, 1989

TABLE 7

	One Person		Two Persons		Three or More Persons		Total	
	Registrations	Persons	Registrations	Persons	Registrations	Persons	Registrations	Persons
Non Subsidized								
Individual	166,445	166,445	47,462	94,924	88,476	355,347	302,383	616,716
Group	157,221	157,221	109,584	219,168	224,372	889,947	491,177	1,266,336
TOTAL	323,666	323,666	157,046	314,092	312,848	1,245,294	793,560	1,883,052
Subsidized								
One-Third Reduced								
Individual	3,245	3,245	1,270	2,540	2,085	8,552	6,600	14,337
Group	614	614	309	618	560	2,338	1,483	3,570
Two-Thirds Reduced								
Individual	4,063	4,063	1,606	3,212	2,585	10,544	8,254	17,819
Group	917	917	407	814	663	2,790	1,987	4,521
Full Reduction								
Individual	52,743	52,743	16,271	32,542	22,398	90,705	91,412	175,990
Group	9,083	9,083	2,123	4,246	3,177	13,652	14,383	26,981
TOTAL	70,665	70,665	21,986	43,972	31,468	128,581	124,119	243,218
Registrant or Spouse Age 65 or Older	97,218	97,218	71,803	143,606	3,399	11,239	172,420	252,063
Widows' Pension	3,193	3,193	232	464	64	209	3,489	3,866
Social Allowance Recipients	34,862	34,862	11,937	23,874	19,993	78,038	66,792	136,774
TOTALS:								
Individual	226,496	226,496	66,609	133,218	115,544	465,148	408,649	824,862
Group	167,835	167,835	112,423	224,846	228,772	908,727	509,030	1,301,408
Registrant or Spouse Age 65 or Older	97,218	97,218	71,803	143,606	3,399	11,239	172,420	252,063
Widows' Pension	3,193	3,193	232	464	64	209	3,489	3,866
Social Allowance Recipients	34,862	34,862	11,937	23,874	19,993	78,038	66,792	136,774
TOTAL	529,604	529,604	263,004	526,008	367,772	1,463,361	1,160,380	2,518,973

NOTE: See notes in "Explanatory Comments".

BASIC HEALTH SERVICES
Persons Covered by Age and Sex
at March 31

Age	Male 1987	1988	1989	Percentage Change 1988/1987	1989/1988	Female 1987	1988	1989	Percentage Change 1988/1987	1989/1988	Total 1987	1988	1989	Percentage Change 1988/1987	1989/1988
Under 1	22,396	21,940	**20,779**	-2.04%	**-5.29%**	21,348	20,740	**20,268**	-2.85%	**-2.28%**	43,744	42,680	**41,047**	-2.43%	**-3.83%**
1 - 4	88,365	88,117	**88,404**	-0.28%	**0.33%**	84,090	83,601	**83,780**	-0.58%	**0.21%**	172,455	171,718	**172,184**	-0.43%	**0.27%**
5 - 14	190,926	193,255	**198,122**	1.22%	**2.52%**	181,191	183,586	**187,981**	1.32%	**2.39%**	372,117	376,841	**386,103**	1.27%	**2.46%**
15 - 24	207,224	202,798	**199,204**	-2.14%	**-1.77%**	207,076	200,098	**195,463**	-3.37%	**-2.32%**	414,300	402,896	**394,667**	-2.75%	**-2.04%**
25 - 44	434,207	439,659	**448,970**	1.26%	**2.12%**	418,159	424,939	**435,281**	1.62%	**2.43%**	852,366	864,598	**884,251**	1.44%	**2.27%**
45 - 64	204,023	207,803	**213,394**	1.85%	**2.69%**	197,867	201,500	**206,549**	1.84%	**2.51%**	401,890	409,303	**419,943**	1.84%	**2.60%**
65 & Older	90,295	93,271	**96,350**	3.30%	**3.30%**	114,850	119,636	**124,428**	4.17%	**4.01%**	205,145	212,907	**220,778**	3.78%	**3.70%**
TOTAL	1,237,436	1,246,843	**1,265,223**	0.76%	**1.47%**	1,224,581	1,234,100	**1,253,750**	0.78%	**1.59%**	2,462,017	2,480,943	**2,518,973**	0.77%	**1.53%**

NOTE: See notes in "Explanatory Comments".

DISTRIBUTION OF PAYMENTS FOR BASIC HEALTH SERVICES
For the years ended March 31

	Total 1987	1988	1989	Practitioners 1987	1988	1989	Registrants 1987	1988	1989
Medical	$588,938,394	$609,324,574	**$637,700,792**	$588,435,520	$608,582,578	**$636,946,706**	$502,874	$ 741,996	**$ 754,086**
Oral Surgery	17,359,370	14,547,380	**9,746,451**	17,221,496	14,456,835	**9,685,558**	137,874	90,545	**60,893**
Chiropractic	23,218,105	21,261,271	**23,833,876**	23,179,523	21,223,102	**23,801,446**	38,582	38,169	**32,430**
Optometry	9,933,630	7,476,314	**12,514,115**	9,753,956	5,514,213	**10,818,098**	179,674	1,962,101	**1,696,017**
Podiatry	3,109,699	3,023,503	**3,308,468**	3,109,240	3,023,403	**3,308,448**	459	100	**20**
Physical Therapy	17,986,087	17,094,412	**19,303,582**	17,985,352	17,092,668	**19,301,686**	735	1,744	**1,896**
TOTAL	$660,545,285	$672,727,454	**$706,407,284**	$659,685,087	$669,892,799	**$703,861,942**	$860,198	$2,834,655	**$2,545,342**

NOTES: A. Included are payments for Basic Health Services provided in Alberta.

B. See notes in "Explanatory Comments".

TOTAL AND AVERAGE GROSS PAYMENTS TO PRACTITIONERS

For the years ended March 31

	Number of Practitioners			Percentage Change		Total Paid			Percentage Change		Average Payments			Percentage Change	
	1987	1988	1989	1988/1987	1989/1988	1987	1988	1989	1988/1987	1989/1988	1987	1988	1989	1988/1987	1989/1988
Medical	3,676	3,829	3,905	4.16%	1.98%	$588,938,394	$609,324,574	$637,700,792	3.46%	4.66%	$160,212	$159,134	$163,304	-0.67%	2.62%
Oral Surgery	1,045	1,075	1,099	2.87%	2.23%	17,359,370	14,547,380	9,746,451	-16.20%	-33.00%	16,612	13,532	8,868	-18.54%	-34.47%
Chiropractic	332	332	332	—	—	23,218,105	21,261,271	23,833,876	-8.43%	12.10%	69,934	64,040	71,789	-8.43%	12.10%
Optometry	214	220	218	2.80%	-0.91%	9,933,630	7,476,314	12,514,115	-24.74%	67.38%	46,419	33,983	57,404	-26.79%	68.92%
Podiatry	21	21	26	—	23.81%	3,109,699	3,023,503	3,308,468	-2.77%	9.42%	148,081	143,976	127,249	2.77%	-11.62%
Physical Therapy	406	423	428	4.19%	1.18%	17,986,087	17,094,412	19,303,582	-4.96%	12.92%	44,301	40,412	45,102	-8.78%	11.61%
TOTAL	5,694	5,900	6,008	3.62%	1.83%	$660,545,285	$672,727,454	$706,407,284	1.84%	5.01%					

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE TO ALL PRACTITIONERS

For the years ended March 31

$ Range	Total			Medical			Oral Surgery			Chiropractic			Optometry			Podiatry			Physical Therapy		
	1987	1988	1989	1987	1988	1989	1987	1988	1989	1987	1988	1989	1987	1988	1989	1987	1988	1989	1987	1988	1989
Less than 10,000	1,098	1,220	1,367	350	374	378	631	717	883	24	26	18	11	23	10	2	2	1	80	78	77
10,000 – 19,999	429	461	369	155	185	172	187	183	120	21	20	16	25	29	15			2	41	44	44
20,000 – 39,999	563	584	469	231	227	250	139	109	50	53	51	47	59	96	46	1	1	1	80	100	75
40,000 – 59,999	481	495	498	233	235	240	41	24	25	56	71	61	66	53	62	1	1	2	84	111	108
60,000 – 79,999	383	385	450	210	244	257	12	13	7	57	59	69	34	14	51	2		2	68	55	64
80,000 – 99,999	363	376	363	258	289	262	11	9	1	50	53	49	10	2	13	2	3	3	32	20	35
100,000 – 119,999	350	343	342	299	306	279	5	5	3	31	24	35	4	1	11	2	1	2	9	6	12
120,000 – 139,999	373	370	356	348	344	331	4	3	2	16	17	14	2		3		1	1	3	5	5
140,000 – 159,999	353	354	349	329	342	329	2	2	1	15	6	11	2	1	1		2	3	5	1	4
160,000 – 179,999	268	305	316	257	296	301	2	1	2	5	3	6		1	1	1	2	3	3	2	3
180,000 – 199,999	252	225	271	248	220	264	1	3	3	1		3			1	2	2				
200,000 – 299,999	599	581	628	581	569	616	6	5	1	2	1	2	1		3	8	5	5	1	1	1
300,000 – 399,999	119	132	147	116	130	145	3	1							1		1	1			
400,000 – 499,999	23	22	33	23	22	33															
500,000 – 599,999	12	18	15	11	17	15	1				1										
600,000 – 699,999	9	5	10	8	5	8			1	1		1									
700,000 – 799,999	2	6	4	2	6	4															
800,000 and Over	17	18	21	17	18	21															
TOTAL	5,694	5,900	6,008	3,676	3,829	3,905	1,045	1,075	1,099	332	332	332	214	220	218	21	21	26	406	423	428

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

B. See notes in "Explanatory Comments".

AVERAGE AND MEDIAN GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS
For the years ended March 31

	Number of Practitioners			Average Payments			Percentage Change		Median Payments			Percentage Change	
	1987	1988	1989	1987	1988	1989	1988/1987	1989/1988	1987	1988	1989	1988/1987	1989/1988
TOTAL	3,676	3,829	3,905	$ 160,212	$ 159,134	$ 163,304	-0.67%	2.62%	$125,592	$123,096	$127,324	-1.99%	3.43%
General Practitioners	2,074	2,149	2,173	122,768	120,474	123,251	-1.87%	2.31%	123,591	122,238	126,463	-1.09%	3.46%
Total Specialists	1,602	1,680	1,732	208,687	208,587	213,555	-0.05%	2.38%	129,438	125,897	129,286	-2.74%	2.69%
Laboratory Specialists	198	237*	239*	649,063	575,219*	589,445*	-11.38%*	2.47%*	65,795	42,495*	36,355*	-35.41%*	-14.45%*
Other Specialists	1,404	1,443	1,493	146,583	148,371	153,382	1.22%	3.38%	133,298	136,217	138,591	2.19%	1.74%
SPECIALISTS BY SPECIALTY													
Anaesthetists	173	174	180	$ 112,722	$ 121,368	$ 129,307	7.67%	6.54%	$126,717	$128,837	$143,421	1.67%	11.32%
Dermatologists	22	23	24	339,554	334,936	320,216	-1.36%	-4.39%	327,022	331,913	304,665	1.50%	-8.21%
General Surgeons	156	160	158	168,101	165,862	172,380	-1.33%	3.93%	165,134	167,421	172,022	1.38%	2.75%
Urologists	35	36	40	194,409	187,672	180,165	-3.47%	-4.00%	197,380	197,180	197,771	-0.10%	0.30%
Internists	304	317	331	126,781	126,179	126,248	-0.47%	0.05%	106,746	103,141	102,481	-3.38%	-0.64%
Neurologists	29	31	30	120,323	114,115	112,884	-5.16%	-1.08%	100,049	85,725	82,893	-14.32%	-3.30%
Neurological Surgeons	15	14	18	161,384	179,731	160,142	11.37%	-10.90%	160,782	156,658	145,860	-2.56%	-6.89%
Obstetricians-Gynaecologists	125	121	122	178,358	200,153	207,825	12.22%	3.83%	167,804	190,318	200,092	13.42%	5.14%
Ophthalmologists	66	70	70	251,807	248,818	287,933	-1.19%	15.72%	222,429	199,081	265,509	-10.50%	33.37%
Rhino-Otolaryngologists	31	31	31	243,367	250,579	268,316	2.96%	7.08%	263,643	255,644	274,446	-3.03%	7.35%
Orthopaedic Surgeons	75	81	86	170,883	166,282	164,620	-2.69%	-1.00%	177,545	171,981	184,654	-3.13%	7.37%
Paediatricians	150	147	156	99,937	100,185	102,216	0.25%	2.03%	70,656	81,606	70,314	15.50%	-13.84%
Psychiatrists	142	149	154	103,850	103,729	108,254	-0.12%	4.36%	103,367	101,987	101,248	-1.34%	-0.72%
Plastic Surgeons	28	30	29	199,597	171,587	195,468	-14.03%	13.92%	202,672	171,841	202,186	-15.21%	17.66%
Physical Medicine & Rehabilitation	12	12	12	72,442	77,200	73,536	6.57%	-4.75%	65,035	81,083	68,112	24.68%	-16.00%
Cardiovascular & Thoracic Surgeons	18	19	17	206,800	202,352	268,901	-2.15%	32.89%	230,506	214,564	319,567	-6.92%	48.94%
Emergency Medicine	23	28	35	93,908	105,628	109,018	12.48%	3.21%	107,118	112,596	121,199	5.11%	7.64%
Laboratory/Pathologists**	42	72*	79*	2,220,745	1,349,400*	1,266,454*	-39.24%*	-6.15%*	67,130	15,694*	16,518*	-76.62%*	5.25%*
Laboratory/Radiologists**	149	159*	153*	232,935	243,263*	263,606*	4.43%*	8.36%*	60,574	54,921*	55,052*	-9.33%*	0.24%*
Laboratory/Others**	7	6	7	76,544	81,872	70,821	6.96%	-13.50%	81,858	86,228	63,268	5.34%	-26.63%

** Payment information for all physicians other than laboratory specialists refers to billings for a particular physician only. With respect to laboratory physicians, billings for more than one physician may be included under one practitioner or billing number.

* Not comparable to data for 1986-87 and previous years (see Note 17 in "Claims-Payment" section of "Explanatory Comments").

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE TO ALL PRACTITIONERS

For the year ended March 31, 1989

TABLE 13

$ Range	All Practitioners		General Practitioners		All Specialists		Anaesthetists		Dermatologists		General Surgeons	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 1,218,635	378	$ 635,501	207	$ 583,134	171	$ 18,018	8	$		$ 30,116	11
10,000 – 19,999	2,561,314	172	1,328,331	90	1,232,983	82	112,472	8			92,586	6
20,000 – 39,999	7,433,665	250	3,566,225	118	3,867,440	132	318,425	11			221,938	7
40,000 – 59,999	11,905,733	240	6,119,865	123	5,785,868	117	321,574	6	57,757	1	216,467	5
60,000 – 79,999	17,904,495	257	9,961,829	142	7,942,666	115	757,509	11	70,861	1	493,154	7
80,000 – 99,999	23,528,976	262	14,594,354	162	8,934,622	100	1,127,260	13			545,997	6
100,000 – 119,999	30,809,134	279	19,399,190	175	11,409,944	104	1,641,057	15			1,209,951	11
120,000 – 139,999	43,165,048	331	30,053,239	230	13,111,809	101	2,097,379	16			1,037,594	8
140,000 – 159,999	49,531,227	329	34,530,490	229	15,000,737	100	4,041,474	27			1,785,029	12
160,000 – 179,999	51,140,000	301	34,410,511	203	16,729,489	98	3,771,845	22	164,576	1	1,694,389	10
180,000 – 199,999	50,098,439	264	29,063,149	153	21,035,290	111	3,592,475	19			1,346,611	7
200,000 – 299,999	146,901,689	616	71,088,275	303	75,813,414	313	4,809,859	22	2,334,471	9	12,230,631	50
300,000 – 399,999	49,217,728	145	11,316,071	34	37,901,657	111	665,827	2	2,454,417	7	5,123,343	15
400,000 – 499,999	14,464,311	33	1,756,328	4	12,707,983	29			828,615	2	1,206,280	3
500,000 – 599,999	8,053,248	15			8,053,248	15			1,074,734	2		
600,000 – 699,999	5,095,099	8			5,095,099	8			699,756	1		
700,000 – 799,999	2,898,594	4			2,898,594	4						
800,000 and Over	121,773,457	21			121,773,457	21						
TOTAL	$637,700,792	3,905	$267,823,358	2,173	$369,877,434	1,732	$23,275,174	180	$7,685,187	24	$27,236,088	158

TABLE 13 Continued

$ Range	Urologists		Internists		Neurologists		Neurological Surgeons		Obstetricians-Gynaecologists		Ophthalmologists	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 1,189	4	$ 88,708	30	$ 11,468	3	$ 7,092	2	$ 20,825	6	$ 10,312	4
10,000 – 19,999	18,447	1	210,776	14	14,392	1			19,001	1		
20,000 – 39,999			951,736	31	145,116	4			192,983	7		
40,000 – 59,999	152,876	3	1,573,346	32	125,984	3	41,323	1	198,415	4	157,185	3
60,000 – 79,999			1,920,867	28	223,534	3			591,470	8	275,193	4
80,000 – 99,999	173,290	2	2,255,747	25	250,928	3	82,559	1	640,620	7	263,051	3
100,000 – 119,999			3,160,491	29	226,018	2	319,559	3	775,768	7		
120,000 – 139,999	253,504	2	1,796,535	14	373,968	3	268,924	2	264,668	2	532,279	4
140,000 – 159,999	145,021	1	1,931,322	13			156,159	1	765,089	5	317,974	2
160,000 – 179,999	517,396	3	2,053,472	12	165,912	1			704,160	4	1,020,263	6
180,000 – 199,999	750,188	4	5,159,817	27	366,964	2	566,381	3	1,901,987	10	389,557	2
200,000 – 299,999	4,059,058	17	13,287,125	55	755,323	3	805,351	3	8,623,971	35	4,194,228	16
300,000 – 399,999	710,474	2	6,001,491	18	317,249	1	635,211	2	5,589,490	16	3,537,403	10
400,000 – 499,999	425,176	1	887,480	2	409,673	1			2,629,559	6	3,587,570	8
500,000 – 599,999			509,114	1					1,102,163	2	1,137,158	2
600,000 – 699,999									605,327	1	1,867,997	3
700,000 – 799,999									729,105	1	1,430,454	2
800,000 and Over											1,434,694	1
TOTAL	$7,206,619	40	$41,788,027	331	$3,386,529	30	$2,882,559	18	$25,354,601	122	$20,155,318	70

TABLE 13 Continued

$ Range	Rhino-Otolaryngologists		Orthopaedic Surgeons		Paediatricians		Psychiatrists		Plastic Surgeons		Physical Medicine and Rehabilitation	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 4,131	1	$ 10,081	5	$ 62,432	13	$ 51,527	9	$ 411	1	$	
10,000 – 19,999			78,883	5	216,369	14	133,489	9	12,533	1	30,131	2
20,000 – 39,999			166,892	6	548,266	20	494,316	16				
40,000 – 59,999			150,036	3	1,025,996	21	542,433	11	43,431	1	98,867	2
60,000 – 79,999			282,434	4	923,709	14	1,153,691	17			275,385	4
80,000 – 99,999	97,314	1	191,392	2	703,167	8	1,358,786	15	182,257	2	187,177	2
100,000 – 119,999			220,043	2	896,164	8	1,425,810	13			109,559	1
120,000 – 139,999			383,292	3	1,439,259	11	1,440,631	11	261,094	2		
140,000 – 159,999			765,167	5	1,186,108	8	1,651,903	11	159,209	1		
160,000 – 179,999	512,744	3	847,158	5	1,348,289	8	2,742,242	16	330,523	2		
180,000 – 199,999	383,479	2	1,499,804	8	1,875,554	10	1,495,484	8	763,140	4	181,308	1
200,000 – 299,999	3,939,545	15	7,128,545	31	3,614,951	15	3,874,574	17	2,856,961	12		
300,000 – 399,999	2,359,655	7	2,433,579	7	1,609,937	5	306,211	1	640,967	2		
400,000 – 499,999					495,534	1			418,054	1		
500,000 – 599,999	1,020,932	2										
600,000 – 699,999												
700,000 – 799,999												
800,000 and Over												
TOTAL	$8,317,800	31	$14,157,306	86	$15,945,735	156	$16,671,097	154	$5,668,580	29	$882,427	12

TABLE 13 Continued

$ Range	Cardiovascular and Thoracic Surgeons		Emergency Medicine		Laboratory/Pathologists*		Laboratory/Radiologists*		Laboratory/Others*	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 5,675	1	$ 57	1	$ 124,472	33	$ 136,618	39	$	
10,000 – 19,999			13,721	1	130,045	9	150,138	10		
20,000 – 39,999					229,487	9	578,206	20	20,075	1
40,000 – 59,999			93,886	2	300,527	6	626,145	12	59,620	1
60,000 – 79,999	138,991	2	136,275	2			573,612	8	125,981	2
80,000 – 99,999			265,665	3	182,799	2	255,288	3	171,325	2
100,000 – 119,999			750,384	7			556,395	5	118,745	1
120,000 – 139,999	136,250	1	1,770,527	14			1,055,905	8		
140,000 – 159,999	150,051	1	615,460	4	147,432	1	1,183,339	8		
160,000 – 179,999	168,016	1	169,667	1			518,837	3		
180,000 – 199,999					186,196	1	576,345	3		
200,000 – 299,999	270,071	1			1,006,830	4	2,021,920	8		
300,000 – 399,999	2,791,971	8			361,180	1	2,363,252	7		
400,000 – 499,999	405,986	1					1,412,056	3		
500,000 – 599,999	504,305	1					2,704,842	5		
600,000 – 699,999					644,796	1	1,277,223	2		
700,000 – 799,999					739,035	1				
800,000 and Over					95,997,098	11	24,341,665	9		
TOTAL	$4,571,316	17	$3,815,642	35	$100,049,897	79	$40,331,786	153	$495,746	7

* Payment information for all physicians other than laboratory specialists refers to billings for a particular physican only. With respect to laboratory physicians, billings for more than one physician may be included under one practitioner or billing number.

NOTES: A. Payments include only fee-for-service payments to practitioneres in Alberta.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF GROSS AVERAGE PAYMENTS TO MEDICAL PRACTITIONERS ACCORDING TO GROUP OF SPECIALTIES BY DOLLAR RANGE AND ALBERTA PRACTICE YEAR

TABLE 14

For the year ended March 31, 1989

GENERAL PRACTITIONERS

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	33	$ 4,444	100	$ 2,901	19	$ 3,753	20	$ 2,242	35	$ 2,360	207	$ 3,070
10,000 – 19,999	21	14,717	37	14,616	8	15,570	13	14,930	11	14,530	90	14,759
20,000 – 39,999	25	30,596	39	30,086	13	30,966	14	28,434	27	30,643	118	30,222
40,000 – 59,999	20	48,486	44	50,004	17	49,796	23	49,372	19	50,940	123	49,755
60,000 – 79,999	20	71,596	34	69,433	19	70,118	33	70,115	36	70,088	142	70,154
80,000 – 99,999	13	91,050	54	89,667	30	89,770	37	91,249	28	89,265	162	90,089
100,000 – 119,999	2	112,182	52	111,838	36	110,602	57	110,342	28	110,290	175	110,853
120,000 – 139,999	3	133,826	65	130,501	52	131,931	64	130,494	46	129,503	230	130,666
140,000 – 159,999	1	150,935	51	151,389	59	150,121	74	150,941	44	150,726	229	150,788
160,000 – 179,999			49	169,397	47	169,914	77	170,104	30	167,537	203	169,510
180,000 – 199,999			44	189,520	37	189,105	55	191,586	17	187,655	153	189,955
200,000 – 299,999			71	235,732	75	233,142	123	236,241	34	229,648	303	234,615
300,000 – 399,999			6	335,339	9	322,365	15	338,212	4	332,394	34	332,826
400,000 – 499,999			1	437,184	1	413,023	2	453,061			4	439,082
500,000 – 599,999												
600,000 – 699,999												
700,000 – 799,999												
800,000 and Over												
TOTAL	138	$ 40,454	647	$107,035	422	$144,437	607	$151,475	359	$111,675	2,173	$123,251

MEDICAL SPECIALISTS

TABLE 14 Continued

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	8	$ 3,255	21	$ 2,737	7	$ 3,698	14	$ 4,651	14	$ 4,120	64	$ 3,628
10,000 – 19,999	11	16,540	13	14,674	5	13,285	9	15,125	11	14,190	49	14,926
20,000 – 39,999	15	29,535	24	30,361	20	30,027	13	29,896	10	29,698	82	29,974
40,000 – 59,999	4	47,580	26	49,795	19	49,393	20	48,336	9	49,962	78	49,229
60,000 – 79,999	8	67,852	15	66,457	18	66,568	14	71,249	25	69,058	80	68,273
80,000 – 99,999	5	84,436	10	90,974	18	89,439	16	87,308	20	90,500	69	89,112
100,000 – 119,999	2	106,949	26	109,741	11	109,382	17	109,187	19	109,628	75	109,460
120,000 – 139,999	1	120,556	19	128,643	16	127,567	18	130,879	15	130,442	69	129,251
140,000 – 159,999	1	144,780	12	149,067	20	151,754	15	147,962	15	149,211	63	149,623
160,000 – 179,999	1	168,616	9	171,852	18	171,221	16	169,495	17	170,989	61	170,754
180,000 – 199,999			17	189,642	19	189,315	17	187,339	14	190,424	67	189,128
200,000 – 299,999			20	234,360	37	241,771	39	238,549	25	229,607	121	236,994
300,000 – 399,999			5	342,567	8	334,609	15	330,430	6	334,828	34	333,974
400,000 – 499,999					2	415,356	2	405,932	2	489,362	6	436,884
500,000 – 599,999			1	520,679			2	531,585			3	527,949
600,000 – 699,999							1	699,756			1	699,756
700,000 – 799,999												
800,000 and Over												
TOTAL	56	$ 43,824	218	$105,302	218	$136,931	228	$145,236	202	$124,135	922	$123,048

SURGICAL SPECIALISTS

TABLE 14 Continued

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	2	$ 5,626	7	$ 1,296	5	$ 3,347	5	$ 1,579	16	$ 2,805	35	$ 2,567
10,000 – 19,999	1	18,447	7	17,733					6	13,145	14	15,818
20,000 – 39,999	1	23,261	8	30,132	1	28,379	1	33,826	9	28,366	20	29,091
40,000 – 59,999	1	50,537	4	49,750	1	40,447	4	47,148	10	48,115	20	47,987
60,000 – 79,999	1	76,071	3	70,246	5	69,292	4	72,165	12	71,609	25	71,250
80,000 – 99,999	2	90,658	6	94,836	2	95,458	3	82,374	11	89,828	24	90,687
100,000 – 119,999	1	110,844	4	110,722	1	104,723	6	112,528	11	108,336	23	109,797
120,000 – 139,999	4	129,610	4	132,177	1	130,664	7	132,790	8	128,783	24	130,734
140,000 – 159,999			3	150,251	2	146,232	7	154,715	16	151,092	28	151,561
160,000 – 179,999			4	172,306	7	171,957	9	170,297	14	169,218	34	170,431
180,000 – 199,999			6	188,818	5	192,178	13	188,611	16	190,963	40	190,029
200,000 – 299,999			19	253,589	32	247,949	74	245,295	55	240,072	180	245,046
300,000 – 399,999			7	337,635	16	356,255	28	344,687	18	339,296	69	345,248
400,000 – 499,999			2	454,266	4	422,675	10	427,545	4	449,986	20	433,731
500,000 – 599,999			1	504,306	1	561,714	2	510,466	3	559,202	7	537,794
600,000 – 699,999			1	611,881	1	627,684	1	628,433	1	605,327	4	618,331
700,000 – 799,999					1	711,798	2	723,880			3	719,853
800,000 and Over									1	1,434,694	1	1,434,694
TOTAL	13	$ 76,167	86	$160,510	85	$241,667	176	$242,126	211	$ 178,201	571	$ 202,365

NOTES: A. The number of years in Alberta is obtained from the "List of Members of the College of Physicians & Surgeons of Alberta". The date of registration with the College of Physicians and Surgeons is used as the beginning date of practice in Alberta.

PERCENTAGE DISTRIBUTION OF MEDICAL PAYMENTS BY TYPE OF SERVICE AND SPECIALTY

TABLE 15

For the year ended March 31, 1989

	Consul-tations	Visits			Major Surgery	Minor Surgery	Surgical Assists	Obstetrical Services	Anaes-thesia	Radiology Services	Pathology Services	Other Diagnostic and Therapeutic Services	Total
		Office	Hospital	Special									
All Practitioners	8.14%	40.74%	4.68%	1.98%	8.46%	1.63%	0.53%	3.17%	4.29%	4.44%	16.05%	5.89%	100.00%
General Practitioners	0.27	31.89	3.22	1.83	0.43	0.95	0.41	1.50	0.72	0.04	0.21	0.67	42.14
Anaesthetists	0.04	0.03	0.01						3.52			0.03	3.63
Dermatologists	0.42	0.44				0.07			0.03		0.09	0.15	1.20
General Surgeons	0.58	0.74	0.13	0.07	2.28	0.12	0.06	0.01		0.03		0.25	4.27
Urologists	0.27	0.06	0.02		0.51	0.02	0.01					0.24	1.13
Internists	2.85	1.13	0.76	0.03	0.14	0.04			0.02		0.07	1.53	6.57
Neurologists	0.41	0.03	0.03		0.02						0.03	0.03	0.55
Neurological Surgeons	0.07	0.01	0.02		0.32	0.01							0.43
Obstetricians-Gynaecologists	0.52	0.70	0.05	0.02	0.66	0.04	0.01	1.66			0.02	0.31	3.99
Ophthalmologists	0.39	1.26			1.21	0.04						0.25	3.15
Rhino-Otolaryngologists	0.36	0.16	0.01		0.40	0.17						0.20	1.30
Orthopaedic Surgeons	0.55	0.20	0.03		1.33	0.02	0.02					0.05	2.20
Paediatricians	0.81	1.20	0.33	0.03		0.01						0.12	2.50
Psychiatrists	0.33	2.26	0.01									0.01	2.61
Plastic Surgeons	0.14	0.10	0.01		0.55	0.06						0.05	0.91
Physical Medicine & Rehabilitation	0.07	0.02	0.03								0.01	0.01	0.14
Cardiovascular & Thoracic Surgeons	0.04	0.01			0.58	0.01	0.02					0.05	0.71
Emergency Medicine	0.01	0.43	0.01		0.02	0.07						0.01	0.55
Laboratory	0.01	0.07	0.01		0.01					4.37	15.62	1.93	22.02

NOTES: A. Only fee-for-service payments made to practitioners in Alberta are included.

B. Special visits include routine home visits, emergency home visits and other home visits.

C. See notes in "Explanatory Comments".

MEDICAL SERVICES AND PAYMENTS PER 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE BY AGE AND SEX

For the year ended March 31, 1989

TABLE 16

Type of Service \ Age Group		Under 1		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 and Older		All Age Groups	
		Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid
Consultations	M	790	$ 62,147	250	$ 15,258	170	$ 10,205	164	$ 9,146	220	$ 12,749	439	$ 27,175	811	$ 52,031	297	$ 18,194
	F	640	51,646	190	11,667	161	9,333	318	17,219	415	22,785	513	30,415	697	44,388	395	23,025
Office Visits	M	10,752	243,029	5,467	122,556	3,010	69,509	2,823	63,556	3,087	70,404	4,137	92,375	5,961	131,235	3,721	84,003
	F	9,816	221,859	5,084	114,236	3,127	70,787	5,423	123,170	5,691	132,684	5,792	132,050	6,142	136,225	5,352	122,376
Hospital Visits	M	3,864	81,229	410	8,367	134	2,786	178	3,555	211	3,894	754	12,590	3,960	61,683	645	11,117
	F	3,195	69,590	311	6,338	131	2,678	300	6,337	304	5,774	698	11,476	3,853	58,200	742	12,609
Special Visits	M	263	12,442	161	7,559	88	3,988	94	4,384	64	2,852	77	2,991	533	13,927	120	4,625
	F	235	10,936	140	6,513	82	3,726	89	4,165	72	3,179	85	3,233	807	19,866	159	5,428
Major Surgery	M	64	21,161	40	9,070	39	7,091	56	12,277	66	14,537	105	32,502	211	78,666	76	20,656
	F	30	12,046	27	5,494	31	5,538	58	11,969	111	20,449	163	32,326	195	65,572	101	22,191
Minor Surgery	M	72	5,031	155	8,044	116	5,230	153	6,090	106	4,217	94	4,023	96	4,427	115	4,935
	F	22	1,362	95	4,877	76	3,311	100	3,252	100	3,147	92	3,159	85	3,444	92	3,306
Surgical Assists	M	17	805	8	402	6	362	15	734	19	828	54	1,903	107	3,540	28	1,098
	F	6	248	5	181	5	246	25	1,351	42	2,125	51	2,013	78	2,753	36	1,606
Obstetrical Services	M																
	F							93	31,062	85	32,347	–	75			44	16,086
Anaesthesia	M	235	11,368	155	8,565	80	4,608	127	6,734	121	6,514	229	12,936	442	28,186	162	9,207
	F	147	7,160	103	5,707	70	3,915	205	12,325	245	14,769	242	13,513	298	21,813	206	12,524
Radiology Services	M	124	2,893	103	2,188	173	3,696	260	6,677	303	8,857	453	13,773	508	15,860	300	8,504
	F	116	2,855	83	1,745	157	3,456	240	7,220	365	14,233	715	29,943	647	23,238	377	13,987
Pathology Services	M	2,106	24,107	1,631	18,926	1,146	13,343	1,288	15,430	1,758	22,024	3,259	39,203	4,755	53,807	2,066	24,762
	F	1,911	21,524	1,853	20,302	1,514	17,357	5,783	64,069	5,996	70,295	5,486	67,636	5,889	68,700	4,853	56,662
Other Diagnostic & Therapeutic Services	M	252	5,371	595	3,275	934	3,906	572	4,610	612	7,695	975	24,049	1,535	41,916	781	11,633
	F	170	4,152	402	2,725	778	3,731	982	16,594	1,081	22,266	1,234	24,658	1,335	30,712	1,010	18,236
TOTAL	M	18,539	$469,583	8,975	$204,210	5,896	$124,724	5,730	$133,193	6,567	$154,571	10,576	$263,520	18,919	$485,278	8,311	$198,734
	F	16,288	403,378	8,293	179,785	6,132	124,078	13,616	298,733	14,507	344,053	15,071	350,497	20,026	474,911	13,367	308,036

–: Non-zero value.

NOTES: A. Included are medical services provided in Alberta on a fee-for-service basis.

B. Special visits include routine home visits, emergency home visits and other home visits.

DISTRIBUTION OF DISCRETE MEDICAL PATIENTS BY AGE GROUP AND SEX

TABLE 17

For the year ended March 31, 1989

AGE GROUP	NUMBER OF PATIENTS		
	MALE	FEMALE	TOTAL
Under 1	20,572	19,843	40,415
1 – 4	85,169	80,119	165,288
5 – 14	164,084	156,868	320,952
15 – 24	159,191	191,904	351,095
25 – 44	344,044	411,653	755,697
45 – 64	170,872	185,181	356,053
65 & Older	89,567	116,058	205,625
TOTAL	1,033,499	1,161,626	2,195,125

NOTES: A. "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF DISCRETE PATIENTS BY PAYMENT RANGE FOR MEDICAL SERVICES

TABLE 18

For the year ended March 31, 1989

Payment Range	Number of Discrete Patients	% Distribution of Discrete Patients	% Distribution of Payments	% Distribution of Services
$ 0.01 – 10.00	5,216	0.24%	0.01%	0.02%
10.01 – 25.00	183,232	8.35%	0.60%	0.69%
25.01 – 50.00	223,178	10.17%	1.39%	1.53%
50.01 – 100.00	367,076	16.72%	4.30%	5.03%
100.01 – 200.00	496,149	22.60%	11.31%	13.55%
200.01 – 400.00	460,003	20.96%	20.47%	24.28%
400.01 – 600.00	191,397	8.72%	14.66%	15.97%
600.01 – 800.00	101,726	4.63%	11.02%	10.74%
800.01 – 1,000.00	59,120	2.69%	8.27%	7.38%
1,000.01 – 1,200.00	35,969	1.64%	6.16%	5.17%
1,200.01 – 1,400.00	22,233	1.01%	4.50%	3.65%
1,400.01 & Over	49,826	2.27%	17.31%	11.99%
TOTAL	2,195,125	100.00%	100.00%	100.00%

NOTES: A. "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

B. See notes in "Explanatory Comments."

DISTRIBUTION OF MEDICAL PRACTITIONERS AND AVERAGE PAYMENTS BY REGION

TABLE 19

For the year ended March 31, 1989

Region	Grand Total		General Practitioners		Specialists	
	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments
I. Calgary	1,326	$170,225	648	$118,868	678	$219,310
II. Edmonton	1,718	165,938	908	111,668	810	226,775
III. Lethbridge	245	146,013	152	151,312	93	137,352
IV. Medicine Hat	88	176,690	49	138,369	39	224,836
V. Peace River	294	138,605	248	143,879	46	110,172
VI. Red Deer	234	148,837	168	142,502	66	164,963
TOTAL	3,905	$163,304	2,173	$123,251	1,732	$213,555

NOTE: See notes in "Explanatory Comments".

OUT-OF-COUNTRY BASIC HEALTH SERVICES

TABLE 20

Distribution of Fee-For-Service Payments And Number of Services

For the year ended March 31, 1989

	United States		Rest of the World		Total Out-of-Country	
	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments
Medical*	35,029	$1,486,697	9,997	$280,803	45,026	$1,767,500
Oral Surgery	19	2,830			19	2,830
Chiropractic	2,341	26,342	192	2,091	2,533	28,433
Optometry	57	1,801	11	298	68	2,099
Podiatry	173	4,389	4	78	177	4,467
Physical Therapy	464	8,048	182	2,520	646	10,568
TOTAL	38,083	$1,530,107	10,386	$285,790	48,469	$1,815,897

* Does not include medical services which were paid under the Out-of-Province Supplementary Assistance Program or Emergency Financial Assistance program.

BASIC HEALTH SERVICES

TABLE 21

Fee-For-Service Payments and Services Per Registration and Patient
For the year ended March 31, 1989

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Medical	$637,700,792	27,276,842	$ 23.38	1,073,010	$594.31	25	2,195,125	$290.51	12
Oral Surgery	9,746,451	62,769	155.27	37,659	258.81	2	39,112	249.19	2
Chiropractic	23,833,876	2,025,540	11.77	189,140	126.01	11	260,954	91.33	8
Optometry	12,514,115	411,878	30.38	275,851	45.37	1	369,779	33.84	1
Podiatry	3,308,468	141,801	23.33	41,002	80.69	3	43,732	75.65	3
Physical Therapy	19,303,582	3,818,442	5.06	115,334	167.37	33	124,134	155.51	31
All Benefits	$706,407,284	33,737,272	$ 20.94	1,091,371	$647.27	31	2,269,858	$311.21	15

NOTES: A. Included are Basic Health Services provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta.

C. See notes in "Explanatory Comments".

FEE-FOR-SERVICE MEDICAL PAYMENTS AND SERVICES PER REGISTRATION AND PATIENT

TABLE 22

For the years ended March 31, 1987 to 1989

Year	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration †	Number of Patients	Cost Per Patient	Number of Services Per Patient †	Number of Registered Persons
1987	$588,938,394	26,375,647	$22.33	1,046,477	$562.78	25	2,152,846	$273.56	12	2,462,017
1988	609,324,574	26,874,732	22.67	1,054,882	577.62	25	2,166,055	281.31	12	2,480,943
1989	637,700,792	27,276,842	23.38	1,073,010	594.31	25	2,195,125	290.51	12	2,518,973
Percentage Change (%)	4.66	1.50	3.13	1.72	2.89	NIL	1.34	3.27	NIL	1.53
Annual Average Percentage Change (%)	4.06	1.69	2.32	1.26	2.76	NIL	0.98	3.05	NIL	1.15

† Rounded to the nearest whole number.

NOTES: A. Included are medical services provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta.

C. See notes in "Explanatory Comments".

	Number of Services				
	1985	1986	1987	1988	1989
BASIC HEALTH SERVICES					
Medical	23,412,137	25,221,311	26,375,647	26,874,732	27,276,842
Percentage Change (%)	4.70%	7.73%	4.58%	1.89%	1.50%
Oral Surgery	50,786	67,480	74,885	70,894	62,769
Percentage Change (%)	36.25%	32.87%	10.97%	−5.33%	−11.46%
Chiropractic	1,783,368	1,839,149	1,908,708	1,891,672	2,025,540
Percentage Change (%)	4.46%	3.13%	3.78%	−0.89%	7.08%
Optometry	371,655	383,271	401,011	278,746	411,878
Percentage Change (%)	9.07%	3.13%	4.63%	−30.49%	47.76%
Podiatry	126,003	126,492	129,792	133,232	141,801
Percentage Change (%)	9.32%	0.39%	2.61%	2.65%	6.43%
Physical Therapy	2,174,977	2,806,073	3,321,676	3,488,641	3,818,442
Percentage Change (%)	32.75%	29.02%	18.37%	5.03%	9.45%
EXTENDED HEALTH BENEFITS					
Dentists	391,226	479,835	512,958	584,819	595,604
Percentage Change (%)	15.12%	22.65%	6.90%	14.01%	1.84%
Denturists	42,665	58,249	71,979	81,402	84,208
Percentage Change (%)	6.55%	36.53%	23.57%	13.09%	3.45%
Optometrists	80,598	89,508	91,471	89,495	90,214
Percentage Change (%)	4.39%	11.05%	2.19%	−2.16%	0.80%
Ophthalmic Dispensers	77,682	89,016	97,296	102,107	105,728
Percentage Change (%)	10.89%	14.59%	9.30%	4.94%	3.55%

NOTES: A. Included are services provided in Alberta on a fee-for-service basis.

B. See notes in "Explanatory Comments".

EXTENDED HEALTH BENEFITS

TABLE 24

Fee-For-Service Payments and Services Per Registration and Patient
For the year ended March 31, 1989

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Dentists	$22,540,225	595,604	$37.84	62,317	$361.70	10	76,834	$293.36	8
Denturists	7,916,312	84,208	94.01	20,072	394.40	4	21,871	361.95	4
Optometrists	2,576,541	90,214	28.56	20,872	123.44	4	23,037	111.84	4
Ophthalmic Dispensers	3,032,035	105,728	28.68	24,983	121.36	4	27,334	110.93	4
TOTAL	$36,065,113	875,754	$41.18	98,421	$366.44	9	124,205	$290.37	7

NOTES: A. Included are Extended Health Benefits provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta.

C. See notes in "Explanatory Comments".

EXTENDED HEALTH BENEFITS TABLE 25
SELECTED INDICATORS
For the years ended March 31

	1987	1988	1989	Percentage Change 1988/1987	Percentage Change 1989/1988
Number of Registered Persons	240,050	247,827	255,929	3.24%	3.27%
Number of Practitioners	1,704	1,777	1,810	4.28%	1.86%
Dentists	1,154	1,201	1,212	4.07%	0.92%
Denturists	155	166	169	7.10%	1.81%
Optometrists	182	181	176	-0.55%	-2.76%
Ophthalmic Dispensers	213	229	253	7.51%	10.48%
Total Payments	$32,876,269	$36,047,399	$36,065,113	9.65%	0.05%
Dentists	20,207,393	22,751,230	22,540,225	12.59%	-0.93%
Denturists	7,305,024	7,849,042	7,916,312	7.45%	0.86%
Optometrists	2,598,946	2,538,136	2,576,541	-2.34%	1.51%
Ophthalmic Dispensers	2,764,906	2,908,991	3,032,035	5.21%	4.23%
Total Payment Per 1,000 Persons	$ 136,956	$ 145,454	$ 140,918	6.20%	-3.12%
Total Services	773,704	857,823	875,754	10.87%	2.09%
Dentists	512,958	584,819	595,604	14.01%	1.84%
Denturists	71,979	81,402	84,208	13.09%	3.45%
Optometrists	91,471	89,495	90,214	-2.16%	0.80%
Ophthalmic Dispensers	97,296	102,107	105,728	4.94%	3.55%
Total Number of Services Per 1,000 Persons	3,223	3,461	3,422	7.38%	-1.13%
Average Payments	$ 19,294	$ 20,286	$ 19,925	5.14%	-1.78%
Dentists	17,511	18,944	18,598	8.18%	-1.83%
Denturists	47,129	47,283	46,842	0.33%	-0.93%
Optometrists	14,280	14,023	14,639	-1.80%	4.39%
Ophthalmic Dispensers	12,981	12,703	11,984	-2.14%	-5.66%
Discrete Patients	116,509	122,392	124,205	5.05%	1.48%
Discrete Patients Per Practitioner	68	69	69	1.47%	Nil

NOTES: A. Only fee-for-service items paid to practitioners in Alberta are included.

B. See notes in "Explanatory Comments".

EXTENDED HEALTH BENEFITS

TABLE 26

PERCENTAGE CHANGES IN THE SCHEDULE OF BENEFITS

Discipline / Effective Date	Dentists	Denturists	Optometrists	Ophthalmic Dispensers
	(%)	(%)	(%)	(%)
July 1, 1974	5.56	5.88	Nil	Nil
January 1, 1976	9.00	9.00	9.00	9.00
January 1, 1977	7.00	7.00	7.00	7.00
January 1, 1978	6.47	6.47	6.47	6.47
January 1, 1979	7.00	36.00	7.00	7.00
July 1, 1979	Nil	8.00	Nil	Nil
January 1, 1980	10.50	7.00	8.50	8.50
January 1, 1981	11.60	11.00	38.30*	36.50*
January 1, 1982	18.70	12.00	13.00	13.00
January 1, 1983	5.00	5.00	5.00	5.00
April 1, 1986	4.65	4.65	4.65	4.65

* Effective January 1, 1981, the rate payable to optometrists and ophthalmic dispensers for new frames was increased from $7.30 to $30.00, while the rates payable for all other optometric benefits were increased by 11.00%. The overall increases in the Benefit Schedules for optometrists and ophthalmic dispensers were not the same due to differences in the utilization patterns of the two disciplines.

NOTE: The Extended Health Benefits Program was introduced on January 1, 1974.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP
Registrations and Persons Covered by Level of Premium Payment
at March 31

		Regular Premium Rates			Reduced Premium Rates			Registrant or Spouse Age 65 or Older			Widows' Pension			Total		
		1987	1988	1989	1987	1988	1989	1987	1988	1989	1987	1988	1989	1987	1988	1989
One Person	Registrations	19,683	16,260	**16,393**	11,024	10,399	**9,021**	90,028	93,388	**97,218**	3,170	3,245	**3,193**	123,905	123,292	**125,825**
	Persons	19,683	16,260	**16,393**	11,024	10,399	**9,021**	90,028	93,388	**97,218**	3,170	3,245	**3,193**	123,905	123,292	**125,825**
Two Persons	Registrations	14,989	13,036	**13,757**	6,141	6,699	**5,910**	66,824	69,334	**71,754**	331	318	**282**	88,285	89,387	**91,703**
	Persons	29,978	26,072	**27,514**	12,282	13,398	**11,820**	133,648	138,668	**143,508**	662	636	**564**	176,570	178,774	**183,406**
Three or More Persons	Registrations	26,047	20,979	**20,625**	9,592	9,623	**8,056**	3,760	3,569	**3,448**	26	27	**14**	39,425	34,198	**32,143**
	Persons	104,839	84,636	**83,623**	40,263	40,384	**34,066**	12,364	11,745	**11,337**	178	145	**109**	157,644	136,910	**129,135**
TOTAL	Registrations	60,719	50,275	**50,775**	26,757	26,721	**22,987**	160,612	166,291	**172,420**	3,527	3,590	**3,489**	251,615	246,877	**249,671**
	Persons	154,500	126,968	**127,530**	63,569	64,181	**54,907**	236,040	243,801	**252,063**	4,010	4,026	**3,866**	458,119	438,976	**438,366**

NOTES: A. Those who were eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group coverage at reduced premium rates, but were not exempted from payment of the premium.

B. See notes in "Explanatory Comments".

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP TABLE 29

Persons Covered by Age and Sex

at March 31

Age	Male			Female			Total		
	1987	1988	1989	1987	1988	1989	1987	1988	1989
Under 1	1,865	1,460	1,353	1,779	1,443	1,225	3,644	2,903	2,578
1 - 4	7,601	6,290	5,783	7,057	5,974	5,511	14,658	12,264	11,294
5 - 14	18,463	16,110	15,389	17,085	14,945	14,234	35,548	31,055	29,623
15 - 24	20,096	17,138	15,647	20,134	16,705	15,460	40,230	33,843	31,107
25 - 44	30,128	25,533	23,930	33,556	28,811	27,225	63,684	54,344	51,155
45 - 64	37,367	35,521	35,451	58,596	56,983	57,156	95,963	92,504	92,607
65 & Older*	89,772	92,685	95,879	114,620	119,378	124,123	204,392	212,063	220,002
TOTAL	205,292	194,737	193,432	252,827	244,239	244,934	458,119	438,976	438,366

* The number of persons in this age group differs from the number of persons shown in Table 8 as only those registrations where the age of the person 65 years or older has been verified are provided with premium exempt Alberta Blue Cross coverage.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP
SELECTED INDICATORS FOR DRUG BENEFITS
For the year ended March 31, 1989

TABLE 29

	Seniors & Widows	Regular	Total
A. REGISTRATION			
– Total Number of Registrations	175,909	73,762	249,671
– Registrations Receiving Drug Benefits	154,760	49,450	204,210
– Percentage of Registrations Receiving Drug Benefits	87.98%	67.04%	81.79%
B. PAYMENT			
– Gross Payment	$107,188,942	$24,460,580	$131,649,522†
– Net Payment	$ 85,757,034*	$17,577,805**	$103,334,839
– Average Net Payment Per Registration Receiving Drug Benefits	$554.13	$355.47	$506.02
C. NUMBER OF PRESCRIPTIONS			
– Total Number of Prescriptions	4,420,542	1,031,032	5,451,574
– Average Number of Prescriptions Per Registration Receiving Drug Benefits	28.56	20.85	26.70
– Average Gross Payment Per Prescription	$24.25	$23.72	$24.15

† Reflects gross payment for prescription drugs only. The overall Non-Group Membership costs approximately an additional $9 million due to hospital, ambulance and other services.

* Net of co-insurance amount.

** Net of deductible and co-insurance amounts.

SOURCE: Alberta Blue Cross.

ERRATUM

Statistical Supplement
Alberta Health Care Insurance Plan
1988–89

Please note this correction to Table 30, page 45.

The **TOTAL** Number of Registrations for Seniors & Widows in the last line of the Table should read 154,760 (not 15,476).

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP **TABLE 30**
DISTRIBUTION OF REGISTRATIONS RECEIVING DRUG BENEFITS
AND NET PAYMENT BY NUMBER OF PRESCRIPTIONS AND NET PAYMENT
For the year ended March 31, 1989

	Seniors & Widows		Regular		Total	
NUMBER OF PRESCRIPTIONS	Number of Registrations	Net Payment*	Number of Registrations	Net Payment**	Number of Registrations	Net Payment
1 - 5	26,041	$ 1,356,834	5,900	$ 352,069	31,941	$ 1,708,903
6 - 10	21,138	3,330,330	10,541	1,114,609	31,679	4,444,939
11 - 15	17,946	4,676,207	8,928	1,744,531	26,874	6,420,738
16 - 20	15,152	5,523,247	6,710	1,900,968	21,862	7,424,215
21 - 25	12,420	5,813,661	4,298	1,697,219	16,718	7,510,880
26 or more	62,063	65,056,755	13,073	10,768,409	75,136	75,825,164
TOTAL	154,760	$85,757,034	49,450	$17,577,805	204,210	$103,334,839
NET PAYMENT						
$ 00.01 - $ 49.99	16,773	$ 245,805	7,393	$ 187,964	24,166	$ 433,769
$ 50.00 - $ 99.99	13,377	991,580	7,100	525,599	20,477	1,517,179
$100.00 - $199.99	21,269	3,143,467	9,913	1,445,776	31,182	4,589,243
$200.00 - $299.99	17,073	4,237,474	6,452	1,592,845	23,525	5,830,319
$300.00 - $499.99	25,548	10,060,917	7,611	2,957,022	33,159	13,017,939
$500.00 - $999.99	34,790	24,813,790	7,273	5,067,562	42,063	29,881,352
$1,000.00 or more	25,930	42,264,001	3,708	5,801,037	29,638	48,065,038
TOTAL	~~15,476~~ 154,760	$85,757,034	49,450	$17,577,805	204,210	$103,334,839

* Net of co-insurance amount.

** Net of deductible and co-insurance amounts.

SOURCE: Alberta Blue Cross.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP — TABLE 31

DISTRIBUTION OF PRESCRIPTIONS, NET PAYMENT,
CO-INSURANCE AMOUNT AND AVERAGE GROSS COST PER PRESCRIPTION
FOR SENIORS AND WIDOWS BY BROAD DRUG CATEGORY

For the year ended March 31, 1989

Broad Category	Number of Prescriptions	Net Payment	Co-Insurance Amount	Average Gross Cost* Per Prescription
Anti-allergic Agents	55,720	$ 1,076,975	$ 269,233	$24.16
Anti-cancer Agents	2,572	121,506	30,376	59.05
Anti-infection Agents	243,973	3,664,089	915,987	18.77
Anti-spasmodic Drugs	58,437	1,201,892	300,461	25.71
Blood Component Regulating Drugs	442,492	5,535,298	1,382,675	15.63
Blood Formation and Coagulation	42,065	829,769	207,435	24.66
Cardiovascular Drugs	745,988	22,835,640	5,709,706	38.27
Cough Preparations	42,816	466,618	116,651	13.62
Eye, Ear, Nose and Throat Preparations	181,549	2,685,758	671,415	18.49
Gastrointestinal Drugs	488,968	10,664,838	2,661,470	27.25
Hormones and Substitutes	327,645	4,673,483	1,163,262	17.81
Nervous System Drugs	1,258,327	23,376,268	5,846,883	23.22
Skin and Mucous Membrane Preparations	202,203	3,411,122	852,748	21.09
Vitamins	161,870	1,755,024	438,738	13.55
Others**	166,017	3,458,754	864,868	26.04
TOTAL	4,420,542	$85,757,034	$21,431,908	$24.25

* Gross cost = Net Payment + Co-insurance Amount

** Includes gold compounds, serums, toxoids and vaccines, unclassified therapeutic agents and out-of-country drug claims.

SOURCE: Alberta Blue Cross.

EMERGENCY FINANCIAL ASSISTANCE PROGRAM

TABLE 32

Applications Reviewed

For the years ended March 31

	Applications			Approved			Refused			Amount Paid					
										Medical Services			Hospital Services		
	1987	1988	1989	1987	1988	1989	1987	1988	1989	1987	1988	1989	1987	1988	1989
Required Services Not Available In Alberta	114	122	**214**	93	105	**160**	21	17	**54**	$562,388	$697,400	**$817,695**	$1,808,968	$1,875,927	**$2,071,502**
Emergency Services	12	11	**24**	12	11	**22**	0	0	**2**	29,012	30,581	**58,259**	68,275	238,157	**207,289**
TOTAL	126	133	**238**	105	116	**182**	21	17	**56**	$591,400	$727,981	**$875,954**	$1,877,243	$2,114,084	**$2,278,791**